

## QUARTERLY PERISCOPE.

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### FOREIGN INTELLIGENCE.

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#### ANATOMY.

1. *On Different Kinds of Malformation of the Heart.*—“ M. GENDRIN observes that the principal defects in the conformation of the heart, are preternatural communications between the cardiac cavities, from the absence of the interventricular partition; irregularity of the vascular orifices of the organ, for instance, the transposition of the aortic orifice to the right ventricle; contraction or total obliteration of the pulmonary artery, and in its place the existence of a solid cord without any cavity. M. Gendrin concludes, from his own observations as well as from those of other physiologists, 1st, that the heart at first is formed of only one cavity; 2nd, that after a time the organ is divided into two cavities, namely, an auricle and a ventricle; 3d, that at a still later period these cavities are each divided into two, which, nevertheless, still communicate for a long time, owing to the imperfection of their partitions. From these general and incontestible facts, M. Gendrin advances the following propositions: The pulmonary arteries arise originally from the aorta, by the intermedium of the *canalis arteriosus*; it is at a later period that the trunk of the pulmonary artery is formed; the development takes place from without inwards, towards the heart, owing to a mechanical impulse from behind: it is only when the pulmonary artery has arrived at and joined the ventricle that the interventricular communication is closed: the pulmonary veins open originally into the superior cava; it is only by the development of the superior part of the single auricle that the pulmonary veins arrive at the auricle of the heart, and it is only at this period that the formation of the interauricular partition commences to be formed. Whatever the varieties may be in the malformation of the heart, still they are subordinate to a regular and constant succession of changes which operate in the organ: neither the aortic nor the pulmonary arteries ever open into the auricle; neither the venæ cavæ nor the pulmonary veins ever open into the ventricles; neither the right auricle nor the left ventricle is ever wanting if the organ has more than one cavity; the pulmonary veins never open into the inferior cava nor into the aorta; the pulmonary arteries never open into the venæ cavæ; when the interventricular partition is imperfect, the imperfection is always at its superior part, towards the base of the heart, and never at the inferior part, towards the apex of that organ; when the orifice of the pulmonary artery does not exist, or when it exists imperfectly, the *canalis arteriosus* is never obliterated. It is the same when the aortic orifice is not free, but in this case the orifice of the pulmonary artery always exists. When the orifice of the aorta, or that of the pulmonary artery is more or less completely obliterated, there always exists an opening in the interventricular partition: when the pulmonary artery is imperfect, the imperfection is always at the orifice, and never further on towards the *canalis arteriosus*. If the *canalis arteriosus* is obliterated at the time of birth, the arteries, both aortic and pulmonary, are always completely formed and open

into the same ventricle; or if they open into separate ventricles, there is a communication between them through the partition which divides them."—*Journal Général de Médecine*.

2. *Case of Imperforate Vagina*.—The following interesting case was lately presented to the Royal Academy of Medicine by M. HERVEY DE CARGOIS. A young lady, who had enjoyed good health until she was fourteen years of age, was attacked at a ball with very violent colic. A copious discharge of blood from the nose was followed by immediate relief. The attacks of colic afterwards returned, at first every month, then every fortnight, and at length every day, accompanied by symptoms of hysteria. Opium and other antispasmodics were prescribed without any beneficial effect. Some mal-formation was now suspected, and an accurate examination of the genital organs was therefore made by M. Villiaume. The abdomen was as large as at the sixth month of pregnancy. The external organs of generation were naturally formed: the hymen existed, but there was no vagina. A finger was introduced into the rectum, and in the ordinary situation of the vagina nothing but a dense cellular substance could be detected. At sixteen years of age, the young patient appeared to be in a hopeless condition. A sound was now introduced into the bladder, and held by an assistant. The rectum was at the same time depressed by a finger introduced per anum, and M. Villiaume made an incision through the hymen, of about eight or ten lines in length; carefully avoiding the urethra and rectum, he penetrated to the depth of about two inches, and then found his instrument in an open space; no discharge, however, followed. M. V. detected the body of the uterus much distended, and leaning towards the right side: he endeavoured to place the womb in its natural situation, but as he could not succeed, he plunged an instrument into it, and made a free puncture. A small quantity of thick, inodorous blood escaped. The patient was shortly put into a warm bath, and a very copious discharge passed through the wound in the uterus. A pledget of lint was introduced, and, to prevent an attack of inflammation, leeches were freely applied to the hypogastric region. The patient suffered much pain until an abundant discharge of fetid blood took place. From this time she gradually improved in health, and in about a month the artificial canal was healed. By the use of a gum elastic bougie, it was made large enough to admit a little finger. Two years have elapsed since the operation. The patient continues well, excepting that at the menstrual periods she suffers pain. It is said that this is the only operation of a similar nature which has been successful.—*Archives Général, Dec. 1827*.

3. *Apparent Hermaphroditism*.—M. HERVEY communicated to the Academy the result of the dissection of the genital parts of a subject, seventeen years of age, who died at the hospital of Bourg. The anatomical piece had been sent to the Academy by the physicians of that hospital. The individual from whom this piece was taken had been entered as a female in the civil register, and had been trained up in the habits of that sex. It was remarked that this individual courted the society of young girls, and was afraid of the boys, for they lifted her clothes to satisfy themselves of her sex, respecting which there was some doubt in the village. It entered the hospital in the beginning of December, for a pulmonary affection, and died on the eighth of January.

It had no mammae. The pelvis presented none of the characteristics of the female sex in its form, save that the pubis projected like that of females; it had no hair. On both sides of the pubis there were two oblong, wrinkled projections which contained two small, well-formed testicles. The penis was twenty two lines long, imperforate, and presenting two corpora cavernosa; the glans, round and thick like a cherry, had a superficial sulcus underneath, in the situation of the meatus urinarius. On the perineum there was a fatty tumour of the size of an egg. In the bend of the thigh, on the left side of the tumour, there was an orifice which communicated with the bladder by a canal three inches

long; there was a similar canal on the right, but it was imperforate outside. The vasa deferentia, well-formed, opened into the vesiculæ seminales, which were also properly formed, and situated in their natural position. The bladder and prostate gland did not offer any thing particular in their conformation. The physicians who opened the body found a vast cavern in the substance of the right lung. This individual was of a weak constitution; but the members, especially the lower members, were well-developed and showed a great contrast to the meagerly appearance of the rest of the subject.

It is evident, from these details, that this individual was of the masculine sex, and that it did not differ from male subjects except in the anormal conformation of the external genital organs.—*Journ. Gén. de Méd. February, 1828.*

4. *Remarks on the Stomach of Man.*—Dr. S. TH. DE SÆMMERING has shown, 1st, that the stomach of the negro differs from that of the European in being of a more rounded form, approaching that of the ape; 2d, that the contraction which is observable towards the middle of the stomach in some individuals, is met with almost exclusively in females, and appears to arise from the continued pressure of the corset bone on the epigastrium; it never occurs in infants; 3d, that the pyloric orifice differs in different individuals, its modifications depend upon a glandular ring, which forms the contour of the opening, and may be seen by dissecting off the peritoneum and subjacent cellular tissue.—*Bull. des Sci. Méd. June, 1828.*

5. *On Valves in the Pulmonary Veins.*—By Professor MAYER.—In all systematic works on anatomy, we find it asserted that the pulmonary veins have no valves. It is unnecessary to prove this by multiplied citations—Waller among the ancients, and Meckel as the most modern writer, will suffice. The former says, in his *Elementa Physiologiæ*, t. i. p. 145, “Sed etiam vera pulmonalis absque valvulis est;”—and Meckel, in his *Human Anatomy*, vol. iii. p. 368, remarks that the pulmonary veins are usually without valves, with some very rare exceptions.

Professor Mayer's attention was first called to the valves in these vessels by finding them very numerous and very large in the pulmonary veins of the cow, although on looking for them in swine, he found them absent.

In man, however, he found them, on examination, both large and numerous; so that it is difficult to understand how they should have escaped observation. A valve is always met with at the place where a venous branch joins the larger trunks at an acute angle; and the more acute this is, so much more marked is the valve. But where the branches join at a right angle no valve exists; which is precisely what takes place in the other parts of the venous system, as in the extremities, where valves exist where a branch joins the larger trunks at an acute, but not where this happens at a right angle. From this we see why it happens that fewer valves are met with in the pulmonary than in other veins; because the ramifications of the pulmonary veins chiefly take place at a right angle. This form of distribution occurs particularly in swine—and hence in their pulmonary veins there are no valves.—*Zeitschrift der Physiologie, Tom. III. p. 155.*

6. *Microscopic Researches upon the intimate structure of Animal Tissues.* By M. RASPAIL.—This memoir of a skilful and conscientious microscopic observer, is entirely opposed to the facts lately advanced by Messrs. Prévost, Dumas, Milne Edwards, &c. The following presents a rapid analysis.

1. The membranes isolated and reduced to their essential consistence, are not composed of globules perceptible by our means of observation, and however coarse those examined may be, their surface will appear smooth and not granulated. If a filament be taken from a membrane, serving as a sheath to the muscular fasciculi, and placed in water, examination with the strongest microscope will only show a smooth surface, as transparent as the water itself.

Some granulations of an irregular size and form, may be observed upon this surface, but these are evidently nothing more than little fatty follicles which do not properly belong to the membrane.

2. *The Blood.* The form and size of the globules differ in different men, as well as in various animals, and according to the vessels in which they have been found. They are smallest in the capillaries. The globules are vesicles filled with a substance probably albuminous. Those of the blood in nowise differ from those found in all the animal tissues.

3. *Epidermis.* The epidermis offers to the microscope the appearance of a bed of cells of greater or less thickness, flattish and in their outline irregular. Here and there, in their interior, granulations of various forms and sizes are perceptible, separated by spaces in which not the smallest globule is to be seen. The epidermis is nothing more than the external bed of the dermoid cells hardened by the air. The hairs are developed in the same manner as those of vegetables, from which they only differ by containing a fatty substance in their internal cells. The pits designated by Eichborn as the origin of the perspiratory canals, are to be seen, but the opening of these canals are not perceptible.

4. *Nervous Tissue.* If a filament from a nervous trunk, be examined by the microscope, the trunk is seen to consist only of an agglutination of cylinders, the fiftieth part of a millimètre in diameter. Fontana has proved that these cylinders are composed of a smooth and transparent membrane containing within "a glutinous, elastic and transparent matter, that does not dissolve in the water in which the cylinders float." Having pressed out this matter between two glasses, he caused it to return again by diminishing the pressure. M. Raspail considers each of these cylinders as a celule which has grown only in length. It encloses a true cellular tissue, imbued with a homogeneous and fatty substance. It is without any longitudinal cavity. In its growth, it extends itself from the encephalon to the extreme ramifications.

5. *The Muscular Tissue.* The last analysis of this tissue, shows it to be composed of cylinders wound together spirally, and closely glued together. In the ox, the size of these cylinders is one-twentieth of a millimètre. They are full like those of the nerves, from which, however, they differ by their rose colour. Their smooth sides exhibit cells on their interior, varying in form and size. Each fasciculus of cylinders is enveloped by a smooth sheath. Several of these bundles thus united together are again enclosed in a common sheath, and so on in succession.—*Journal des Progrès, Vol. IX. from the Répertoire d'Anatomic, &c.*

## PHYSIOLOGY.

7. *Case of Disease of the Brain, illustrating the Functions of the Fifth Pair of Nerves.* By E. STANLEY, Esq.—"A lady, aged forty, was attacked, immediately after her confinement, with fever and inflammation of the brain; after which, she suffered severe and almost constant pain in the head. Again becoming pregnant, she was confined about three months before her death. When nearly recovered from this confinement, she was attacked with pain in the head, more acute than usual, and delirium. These symptoms subsiding, hemiplegia supervened, and continued through the remaining two months of her life. During this period, the following circumstances were particularly noticed:—

"The hemiplegia was on the left side. In the face, sensation and motion were completely lost. In the arm and in the leg sensation remained.

"There were frequent attacks of erysipelas in the face, but confined to that side which was deprived of sensation and motion.

"In the left ear hearing was completely lost.

"In the left side of the tongue sensation was lost, but motion remained.

"Whilst in the right nostril, the mucous membrane was pale, in the left nostril it was constantly of a deep red colour, and there were several discharges of blood from it.

"In the left eye the vessels, first of the conjunctiva, then of the deeper membranes, became inordinately distended with blood. Opacity and ulceration of the cornea soon followed, with the escape of the aqueous humour, and complete disorganization of the globe.

"Upon the subsidence of the delirium which preceded the hemiplegia, the intellect became clear, and remained so to the moment of death.

"The medical superintendence of the preceding case was confided to Dr. P. M. Latham and to Mr. Eyles. I visited the patient in the latter part of her illness, and the opportunity was given me of examining the brain, which presented the following appearances:—

"Effusion of transparent fluid into the cellular tissue of the pia mater, and into the ventricles, to the extent of about four ounces.

"Enlargement of the tuber annulare, especially on its left side, and in a direction to compress the fifth and seventh nerves against the basis of the skull. A section of the tuber annulare discovered within it a tumour about the size of a walnut, occupying the whole of its left side, and extending into the left crus cerebelli. The consistence of the tumour was firm, its colour brown, and specks of blood were dispersed through it. From this morbid structure the fifth and seventh nerves were detached. When examined close to their respective foramina in the basis of the skull, these nerves presented no unusual appearance in size or texture.

"The history of the foregoing case may be interesting to physiologists, as it records an instance of disease in that part of the brain whence the fifth and seventh nerves are detached, producing in the parts supplied by those nerves certain effects agreeing with the experiments of Magendie and others. Here, however, was an experiment of Nature's own making, free from the objections which may attach to experiments upon living animals.

"In the case now related, the morbid changes in the eye, consequent on the disease, at the origin of the fifth nerve, were precisely the same as are reported to follow the division of this nerve in a living animal. The abolition of the functions of the fifth nerve in the human subject by disease, and in the brute by its division, was alike followed by inflammation, destructive of the eye; and in the case before us, the excitement of the blood-vessels in the parts deprived of sensation and of motion, was further manifested in the erysipelas of the paralyzed cheek, and in the inordinate repletion and rupture of the blood-vessels in the nostril of the same side."—*London Medical Gazette*, Vol. I. No. 18, 1828.

8. *Case in which there was a diminution of Sensibility on one side, without loss of the power of Motion; and a loss of Muscular Power on the other side, without any diminution of Sensibility.* By H. LEX, M. D.—The following case is extremely interesting, as illustrating in a striking manner the distinct functions of different nerves, as recently pointed out by Mr. Charles Bell, and some of the continental physiologists.

"Mrs. W. was delivered by a midwife at Kilburn. Her labour was easy, but followed by profuse hæmorrhage upon the separation of the placenta, and after its exclusion from the uterus.

"She revived from the state of exhaustion immediately consequent upon the loss of blood, but at the end of about three or four days, became feverish, and complained of severe head-ache; for a week, however, she had no other assistance than that of the midwife.

"At the end of this time, (about ten days after her delivery,) the head-ache continuing, and being now accompanied with some degree of 'numbness on one side,' I was requested to see her.

"I found her labouring under severe head-ache, not confined to, but infinitely more violent upon one side than the other, and occupying the region of

the temporal and occipital bones above the mastoid process, and attended with considerable pulsation.

"Upon one side of the body there was such defective sensibility, without, however, corresponding diminution of power in the muscles of volition, that she could hold her child in the arm of that side, so long as her attention was directed to it; but if surrounding objects withdrew her from the notice of the state of the arm, the flexors gradually relaxed, and the child was in hazard of falling.

The breast, too, upon that side, partook of the insensibility, although the secretion of milk was as copious as in the other. She could see the child sucking and swallowing, but she had no consciousness from feeling that the child was so occupied; turgescence of that breast produced no suffering, and she was unconscious of what is termed the *draught* on this side, although that sensation was strongly marked in the other breast.

Upon the opposite side of the body there was defective power of motion, without, however, any diminution of sensibility. The arm was incapable of supporting the child; the hand was powerless in its gripe; and the leg was moved with difficulty, and with the ordinary rotatory movement of a paralytic patient; but the power of sensation was so far from being impaired that she constantly complained of an uncomfortable sense of heat, a painful tingling, and more than the usual degree of uneasiness from pressure, or other modes of slight mechanical violence.

"Medicinal agents, including blood-letting, general and local, blisters, purgatives, &c. directed, first by myself, afterwards by Dr. P. M. Latham, to whose care I directed her in the Middlesex Hospital, were of little avail, and she at length left the hospital scarcely, if at all, benefited.

"At the end of a few months she again proved pregnant. Her delivery, at the full time, was easy and unaccompanied with hæmorrhage, or other formidable occurrence, but at the expiration of about ten days she complained of numbness on both sides. Her articulation was indistinct; she became more and more insensible, and sunk completely comatose.

"Upon examination of the body no positive disorganization of brain could be detected. The ventricles, however, contained more than usual serum; and there were found, more especially opposite to the original seat of pain, thickening, and increased vascularity of the membranes, with moderately firm adhesion in some parts; in others, an apparently gelatinous, transparent, and colourless deposit interposed between them."—*Ibid*, Vol. I. No. 25, 1828.

9. *On the Effects of the Division, or Organic Lesion of the Fifth Pair of Nerves.*—It appears from the experiments of M. Magendie, H. Mayo, and C. Bell, on the action of the cerebral nerves, that on the division of the fifth pair, or when it is in a diseased state, the eye undergoes some peculiar morbid alterations. M. Magendie informs us, (*Journ. de Physiol.* IV.) that after the division of this nerve, the cornea becomes opaque, and that it, as well as the iris, begins to inflame and suppurate; an infusion of lymph takes place in the interior of the eye, and gradually the whole globe passes into ulceration. All these experiments, however, did not satisfy M. Magendie, and could not in fact, lead to a clear result, as on dividing the nerve, the internal carotid was invariably wounded; he therefore, in more recent experiments, divided the nerve before it passes over the pars petrosa, and then obtained an effect somewhat different from that described before; the eye was much less altered, the inflammation occupied its upper portion only, and but a very small segment of the upper circumference of the cornea became opaque. It appears, then, that the fifth pair of nerves exercises a direct influence on the nutrition of the eye; the different results of the experiments are easily accounted for by the circumstance, that in the former experiments of M. Magendie, the ophthalmic artery was separated from the internal carotid, and that thus the nutrition of the eye necessarily became affected.

The following pathological fact, reported by M. Serres, confirms the expe-

riments of M. Magendie. A young man was admitted in the Hôpital de la Pitié, on account of epileptic attacks; at the same time a slight inflammation of the right eye was observed, the cornea was opaque, and the sight was to a considerable degree affected. All these symptoms gradually increased, till the sight was completely lost, and the right eye and eyelid, as well as the right side of the nose and tongue, were quite insensible. The patient died eleven months after admission, in a violent epileptic fit. On examination, the ganglion of the fifth pair was found enlarged, of a yellow colour, and very vascular; and on its exit from the pons varolii, the nerve was covered with a gelatinous mass.

Professor Mayer, of Bonn, (*Journ. der Chirurg. und Augenheilk.* T. x.) has recently performed many experiments, from which it appears that not only the division of the fifth pair is followed by morbid changes of the eye, but that the same effects take place after wounds of the neck. From eighteen experiments on dogs, horses, and pigeons, he comes to the following result:—1. The division of the cervical portion of the sympathetic nerve was sometimes made without any effect on the nutrition of the eye; in other cases it was followed by redness and inflammation of the conjunctiva. 2. The same morbid change, in most cases, followed the division of the pneumogastric nerve. 3. The sympathetic and pneumogastric nerve having been divided, a very intense inflammation of the eye took place, which extended to its internal parts. 4. If the carotid was tied, and at the same time the nerves in its neighbourhood were carefully avoided, the nutrition of the eye was in no manner influenced. 5. After a ligature of both carotids, the eyes suffered more or less; they became dim and opaque, but very seldom a complete disorganization ensued. 6. But if the ligature comprised the pneumogastric or sympathetic nerve, an effusion took place from the anterior surface of the iris, the pupil was closed by a false membrane, and the cornea passed into suppuration.

10. *Vision after Destruction of the Optic Nerves.*—MAREXIE gives an instance of sight existing after the destruction of the optic nerves, in a man by name of Bardon, who was admitted into the Hotel Dieu, in 1827, and there died. On dissection, the following appearances presented themselves. In the interval between the crossing of the optic nerves and the pons varolii, was a cyst of the size of a small egg, this cyst was filled with a yellowish matter, of which one-third was solid, on the sides, and above, the cyst had flattened and almost destroyed the optic nerves, all that remained of them were portions of cerebral substance adhering to the cyst, and which were wholly deficient at the commissure; in fact, there was no connexion between the eye and brain, except by the cyst. This patient could distinguish objects a few days before his death.—*Bull. Sci. Med.* April, 1828.

11. *Five Children at a Birth.*—"A peasant of the village of Soukin, in the department of Nijegorod, twenty-five years of age, of short stature and robust constitution, was married at seventeen. The second year of her marriage she had one child; the fourth year she produced twins at the eighth month. In November, 1824, she was brought to bed of five children—viz. on the 9th, 10th, 12th, and 13th, four females, and on the 16th a boy. None of these exceeded eight inches in length. The girls died within a week: the boy appears to have lived. As to the mother, she entirely recovered a month after her accouchement; the only circumstance worthy of remark having been an extraordinary size of the belly. No similar instance had occurred either in her family or that of her husband. The above is related by Dr. Gaievsky, in the *Foïenno-méditsinski Journal*, a paper on military medicine, published at St. Petersburg."—*London Medical Gazette*, Vol. II. No. 29, 1828.

12. *Case of Superfotation, the Uterus being naturally formed.*—A woman forty-two years old, became pregnant the second time in September, 1825. Two

years before she had been delivered of a son. Her health was perfectly good during the whole period of pregnancy; and there had been no appearance of the menstrual discharge. On the 28th of April, 1826, she felt a large body in the vagina, and applied to a midwife. Upon examination, it was ascertained to be a fetus, contained in the membranes. In the middle of the same day the fetus was expelled, together with the membranes, without any discharge of blood. After its expulsion, the attendant discovered another bag of membranes, and the patient was sensible of a moving body in the uterus. In the middle of the night the pains began, and she gave birth to a second living fetus; it was very imperfectly developed, and was contained in a single membranous sac.

Dr. FANNENBROST was immediately applied to: he found the fetus was four inches long, and presumed that it had arrived at about four months. The limbs were easily distinguished, but were not furnished with nails. The head bore the usual proportion to the body. The fetus first born was evidently at the full period, and this opinion was confirmed by the time of the cessation of the menses, to which the woman had paid particular attention. Many physicians have denied the possibility of these cases of superfetation which have been occasionally recorded.

Dr. F. therefore conceived it incumbent upon him to publish this case, for the authenticity of which he holds himself responsible.—*Rust's Magazin*, 1827.

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13. *Case of Superfetation.* By M. CASTES.—A mare having been successively covered by a stallion and a jackass, gave birth almost simultaneously to two individuals of different races—*Archives Générales*, May, 1828, from the *Journ. Prat. de Méd. Veter.*

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14. *On the Connexion between Respiration and Circulation.*—Some interesting observations relative to the connexion subsisting between these functions, have been lately addressed to the French Academy by M. DEFERMON. Their mutual dependance, though recognized from the earliest times, has never before been precisely determined.

From numerous experiments, M. D. says he has ascertained that the venous blood, propelled by the right ventricle of the heart into the pulmonary artery, and thus carried to the lungs, cannot return through the pulmonary veins until the aerial cells are collapsed by expiration. During inspiration, whilst the cells are distended, the passage of the air is momentarily interrupted, the immediate effect of which interruption is to prolong the contact of the air with the blood, and render the oxygenation more perfect. M. Deferron makes one important practical application of this explanation, which is, that inflation of the lungs in cases of suspended animation, far from facilitating the return of life, places a new obstacle to the re-establishment of the pulmonary circulation by distending the air cells. This fact, he says, is in confirmation of the precept given by Leroys d'Etiolles.—*Revue Médicale*, May, 1828.

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15. *On the effects of Galvanism on the Nerves.*—Of the numerous experiments which have been instituted to verify the analogy between galvanism and the nervous action, those of WEINHOLD are not the least interesting or least curious. The following are the most remarkable.

He beheaded a cat, and after pulsation and muscular action had completely ceased, he removed the spinal marrow, and filled the vertebral canal with an amalgam of mercury, zinc and silver. Immediately the throbbing of the arteries recommenced, and the muscular actions were renewed, which it was impossible to distinguish from those which are produced by the influence of the spinal marrow; the animal made many leaps. When the irritability appeared exhausted, Weinhold, by means of a metallic arc, placed the heart and voluntary muscles, gradually in contact with the artificial medullary substance, and he revived again general but feeble contractions.

He filled with the same amalgam, the cranium and vertebral canal of another cat, which did not give any sign of life; the animal became during about twenty minutes in such a state of vital tension, that it raised its head, opened its eyes, looked steadily, attempted to walk, and endeavoured to rise after falling down frequently. During all this time the circulation and pulsation were very active, and continued for a quarter of an hour after the chest and abdomen were opened. The secretion of the gastric juice was evidently more abundant than ordinary, and the animal heat was perfectly re-established.

Weinhold filled also the cranium only, of a dog with the same amalgam, he examined then the principal functions of the senses, and observed that the pupil still contracted, that the animal manifested still a desire to avoid the light, when a lighted candle was placed near it, and that it listened when a person struck with a key upon a table.

Weinhold remarked also that the two extremities, of a divided nerve, gave sparks when they were brought together. He divided the crural nerve in a cat, and placed the extremities at the distance of a line apart, and connected them by a metallic arc: the moment when he completed the chain, he saw at each extremity of the nerve a luminous point, but they did not pass from one to the other.

The hypothesis of nervous atmosphere has been completely subverted by the experiments of Weinhold, in which, after having cut the crural nerve, he could not excite the contraction of the thigh by means of galvanism, although the extremities of the nerves were at the distance of a line or even of a quarter of a line. The ligature even of nerves prevents the propagation of galvanism. He observed further that the nervous pulp is the only conductor of the galvanic action, whilst the neurilemma is entirely deprived of this power.

Weinhold has observed even material changes which happen in the nervous system during the action of galvanism. Having isolated the crural nerve of a frog, he observed that the medulla of the nerve, which was almost transparent, retracted during the contraction of the muscles, produced by galvanic irritation, and that this retraction alternated with the dilatation. He laid bare the tracheal nerve of a rabbit, and he observed that after having produced twenty or thirty rapid contractions of the members, by means of a galvanic pile, the size of the nerve was diminished, lost its cylindrical form, and ultimately was reduced to a simple white and compressed tube. This loss of substance of the nervous medulla, during the action of nerves, was in the space of twenty or twenty-five minutes, repaired by the increase in the beating of the heart coinciding with the violent contractions of the muscles; so that the nerve after a certain time, was restored to its cylindrical form. When on the other hand, the heart is extirpated so that the reparation of the loss of nervous substance, cannot be effected by means of the circulation, the atrophied nerve does not regain its primitive form. Weinhold has observed the same loss of substance in the portion of the spinal marrow, where the nerves of the anterior extremities go off, when he made the muscles of these members contract by means of violent and continued action of the galvanic pile, directed to its nerves. During the action of the nerve, not only the mass of the nervous substance diminishes, but also its consistence. When he divided a nerve, and irritated it a long time by means of galvanism, he observed that the nervous matter gradually became softer, and finally flowed guttatim, from the extremity of the divided trunk.—*Journal des Progrès, Vol. X. 1828.*

These are certainly marvellous experiments, and if their correctness should be confirmed by further observations, we need no longer despair of the Promethean art being unattainable.

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16. *Case illustrative of the effects of a Division of the Spinal Marrow, between the third and fourth Dorsal Vertebra, in the Human Subject.* By WILLIAM WALLACE, Esq.—Mr. Wallace was called on to visit a man who had fallen from a drawing room window into a deep area. Upon examination, by passing his

finger along the spine, with some degree of pressure, he felt a very obscure crepitus, as if the spinous processes of those dorsal vertebræ which lie between the scapulae, were broken; and when the pressure was increased at this part, it appeared to cause intolerable distress. For four hours the patient was in a state of frenzy; at length he became comparatively tranquil, and answered collectively every question that he was asked. He had no sensibility, or power of moving his lower extremities; or, to use his own words, he was dead from the chest downwards. In fact from the seventh vertebro-sternal rib downwards, all was insensible, and incapable of motion. With a catheter (the introduction of which he did not feel) the urine was drawn off; blood was abstracted from the arm, though it could be procured but scantily; purgative enemata were administered without any effect, and the stomach rejected every thing that was swallowed. Being questioned as to the sensations which accompanied the vomiting, he said he was not at all sick, nor were his feelings such as he had experienced on other occasions during the effort of vomiting. He appeared to have some power of suspending that action of the stomach, which caused the discharge of its contents; and when he directed his attention particularly to it, he was able to retain his drink for a short time. With a view to procure some evacuation from the bowels, frictions on the abdomen were tried with a mixture of jalap, rhubarb and gamboge, in mucilage of gum Arabic, as recommended by Alibert; but all in vain. Hiccup now supervened, as well as violent palpitation of the heart, which beat with great frequency, and with such force as to be observable through the sheet.

It was in this distressing state of things, that it occurred to Mr. Wallace to add some tartar emetic to his whey, in the proportion of a grain to the pint, and this beverage was given him *ad libitum*, which was followed by the most beneficial effects. The bowels began to act copiously, and the hiccup and vomiting ceased. However, on the ninth day after the accident, the patient died.

*Dissection.*—On exposing the condition of the vertebral canal, the spinal marrow, with its proper membranes was found torn across at the part which corresponds to the interval between the third and fourth dorsal vertebræ. Its lacerated ends were separated to the extent of half an inch, and the interval filled with blood. The spinous processes of the second, third, and fourth dorsal vertebræ were fractured at their root; but, viewed from the thorax, the spine did not present any marks of injury. In the head, the superficial veins of the encephalon were very much distended, and a thin stratum of effused blood covered the posterior, superior and the external surfaces of the posterior lobes of the brain, and part of the surface by which they correspond to the longitudinal fissure. In the abdomen, there was an extensive inter-susception of the small intestine. The liver was charged with black blood. The gall-bladder, very much contracted, contained about two drachms of a viscid, colourless, and insipid fluid, resembling, in its appearance, the white of an egg. In the chest, the pleura was fully and minutely injected with dark-coloured blood. The lungs were firm, and did not collapse, being gorged with black blood. The right ventricle of the heart was considerably dilated, and filled with coagulum. There were two circumstances relating to the general condition of the body after death, which, taken in connexion, seem to be worthy of note. These were the extreme rigidity of the muscular system, and the protracted continuance of vital heat; from which it would appear that there is no foundation for Rysten's hypothesis, that 'in mammifera and birds, the moment rigidity of the muscles begins, is the same in which the vital warmth is extinct, &c. The temperature of the paralyzed parts did not suffer any diminution. Hence if Mr. Brodie's opinions be well founded, that the brain is the source of animal heat, and the spinal marrow the organ of its transmission, we must conclude that it performs this function by means of the trisplanchnic nerve, and not by its own peculiar nerves. Mr. Wallace very properly doubts whether the discharge from the bowels, on the fourth day, resulted from the

tartar emetic or from the effect of the injury itself. When a bladder has been paralyzed from injury of its nerves, retention of urine is the immediate result; but sooner or later, this is followed by incontinence, as was the case in the present instance. This phenomenon is to be explained by a law to which the action of the nerves appears to be subject, viz. one degree of pressure or irritation will produce spasm, or convulsion, and a greater degree of the same will cause loss of power or paralysis. This law will be found to govern the muscular system, voluntary and involuntary, and consequently the sphincters. The inflammation of the thoracic viscera, and the violent action of the heart, may very well be accounted for, from the direct operation of the injury to the spinal cord. In that diseased state of the cord, which accompanies curvature of the spine from caries of the vertebrae, the pectoral organs experience much distress. The relations of the intercostal nerve with the spinal column, would perhaps satisfactorily explain the phenomena in both cases.—*Transactions of the Association of the Fellows and Licentiates of the King and Queen's College of Physicians in Ireland, Vol. V.*

17. *New Researches on the Immediate Agent of Vital Movements.* By M. H. DUTROCHET.—In our second number, page 423, we gave an account of the interesting experiments of M. Dutrochet on vital motion. Since the publication of these experiments, he has renewed his researches; and on the 17th of March last he read to the Royal Academy of Medicine a memoir on the subject, from which we select the following observations:—

“A tube of glass is furnished with an appendage similar to the flag of a trumpet; this part is formed of a piece of bladder. Water is poured in this appendage bag, and the whole plunged into a vessel of water. The water in the interior of the instrument is connected with the negative pole of a Voltaic pile, the exterior water with the positive. The fluid is forced by the electricity through the membrane, from the positive to the negative pole, and mounts in the tube and is elevated above the water in the vessel. If the membrane is replaced by a plate of baked clay, the same phenomenon of *endosmose* occurs, but does not take place when a slip of sandstone, or of carbonat or sulphate of lime is employed. Thus the porous lamina which separates the two differently electrified fluids, evidently has a peculiar power in the production of the phenomenon of *endosmose*. This lamina is *active* when there is *endosmose*, and *inactive* when this does not occur.

“If a fluid which is denser than the surrounding water be poured in the instrument, and the magnetic connection be broken, *endosmose* still takes place; the dense liquor in the interior gradually rises in the tube. This phenomenon occurs equally with an organic membrane or a plate of clay, but does not with the sandstone or the carbonat or sulphate of lime. It is evident that this phenomenon of *endosmose* produced by the difference of density of the liquids, is an electric phenomenon as much as that produced by the pile. There are the same *active* and *inactive* solids, and they play the same part. The galvanometer however, does not indicate the existence of electricity in the two fluids. But as it is evident that the permeable solid has, in this instance, an action which is peculiar to it, and that it is indubitable that this action is electric, it follows that this action is entirely confined to the capillary canals of this solid; it is a capillary electricity. It is, in fact, known that ordinary electricity, when it passes through narrow channels filled with a fluid, gives a strong impulse to this liquid.

“There are fluids which, notwithstanding their greater density than water, do not produce *endosmose* when they are separated from this latter fluid by an organic membrane; such is sulphuric acid—the addition of this acid to a liquid susceptible of producing *endosmose*, destroys this property in the latter. Hence there are *active* and *inactive* liquids, as there is *active* and *inactive* solids. It is necessary to the phenomenon of *endosmose*, that the two heterogeneous liquids should be *active*, and the permeable solid also *active*—if one of these elements is *inactive*, *endosmose* does not take place.

"These discoveries may be applied in an evident manner to physiology, or to the physics of living bodies, in which there is a necessary co-existence of solids and fluids, eminently active, in which the solids *influenced* from their *sensibility* by the contact of the fluids, act on these latter, and give them an impulse. So in the preceding experiments, the *influenced* solids, from their activity by the contact of *active* liquids act on these latter, and give them an impulse. Experience teaches us the *solid influenced* is only the *solid capillo-electrified* by the contact of liquids; consequently the *organic sensibility* of living solids is only what I term *activity*, that is, the property of receiving *intracapillary electricity*. These experiments prove that this intracapillary electricity is in truth the agent of organic or vegetative life, they prove that the solids and liquids have one and the same fundamental vital property, which I term *activity*.

"This property in liquids consists in the power of giving rise to *capillo* electricity by their contact with solids. This property in solids consists in the faculty of receiving this intracapillary electricity. The destruction of this power in *active* liquids by the addition of an *inactive fluid*, may give some precise ideas on the mechanism of *stupifying poisons*. We perceive from these facts, the necessity of abandoning the use of the word *sensibility* in physiology; this term ought to be restricted to psychology!!"

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#### PATHOLOGY.

18. *Complete Retention of Fæces, for Six Months.*—"Mademoiselle J. B. aged twenty-four years, of low stature, and of a very delicate complexion, was unable at the time of her birth to pass the meconium. A midwife who examined her, thinking that there was a contraction of the lower part of the rectum, introduced a soap suppository without consulting any other person. During her childhood, the patient always found great difficulty of passing the fæces. Various remedies were administered without success; but when the catamenia appeared the bowels began to act naturally. They continued in this state for about two years; the patient improved in health, and she considered herself completely relieved from her old infirmity. But at this period the malady again returned, and Dr. Thune, of Drôme, was called upon to give his advice respecting her case. Dr. Thune found that she had a considerable tumefaction of the abdomen, the more prominent parts being just to the left of the umbilicus; she had an acute pain in this part, which extended towards the epigastric region. As the patient would not submit to be examined, and as Dr. Thune was ignorant of what had occurred in her infancy, he was unable to discover the true nature of her affection. He suspected, however, that there was a contraction of the rectum, and a medical friend of his, whose counsel he asked, being of the same opinion, they proposed a vegetable regimen, emollient fomentations, semicupium, and purgative lavements. The catamenia being suppressed, leeches were applied to the vulva. But these remedies, which produced momentary ease, were afterwards quite inefficacious. With a view to overcome this obstinate constipation, which had continued for six months without permitting the patient to have an evacuation, an ounce of castor oil was administered in a small quantity of liquid. She had scarcely swallowed this when she was seized with a violent colic, vomiting, hiccup, and other symptoms of misery. She died after eight days of inexpressible suffering.

"*Sectio Cadaveris.*—The abdomen was found very hard and enormously distended. An incision was made along the linea alba; but scarcely was this commenced below the sternum when it ran on of its own accord, accompanied by a noise like the explosion of a fire-arm. The intestines, being no longer supported by the abdominal muscles, gave way, and a considerable quantity of fæcal matter was discharged with great force. The liver adhered to the arch of the colon. The stomach and the small intestines were empty and injected.

The large intestine was three *décimètres* and twenty *millimètres* in circumference, and it contained about thirty or forty pounds of substance resembling dry dirt. The rectum was thickened and inflamed. Its cavity was obstructed about three inches from the anus, by a sort of transverse partition, in the middle of which was an aperture scarcely large enough to admit the extremity of the little finger.

"Had cathartics been administered by the mouth in this case, and a rectum bougie used, the patient would, in all probability, have recovered and done well. What was done amounted to nothing. It was evident enough, from the symptoms of the case, that there was a mechanical obstruction in some part of the intestinal canal."—*Lond. Med. and Surg. Journ. August, 1828, from the Ephemerides Med. de Montpellier.*

19. *Hydatids in the Female Breast, resembling a Scirrhus Tumour.*—"A robust young female, twenty-five years of age, complained of pains in the left breast, which at first had been confined to one point, but had subsequently extended, and became intensely severe. A hard tumour, of a shining appearance, about the size of a hen's egg, was found in the part. It was divided into several lobes, and resembled a deep-seated scirrhus. The precise nature of it, however, could hardly be determined, from the immense size of the breast. Various means were ineffectually tried to discuss the swelling, and, as the sufferings of the patient were intolerable, an operation was determined upon. The mammary gland was perfectly healthy, but beneath the pectoral muscle a cavity was discovered, filled with round bodies as white as snow. They were found to be hydatids; three of which were about the size of a nut, and seven much smaller. Most of them escaped freely through the wound. They were of a spherical form, and covered with a shining solid membrane of a white colour. The parietes of the cavity in which they had been contained were smooth, and resembled a serous membrane. To promote adhesive inflammation, lint was introduced into the wound. For a long time an ichorous fluid was discharged, and stimulating injections of nitric acid and mercury were found necessary to produce adhesion of the parts. The patient was cured in about two months from the operation."—*Lond. Med. and Phys. Journ. August, 1828, from the Clinique des Hopitaux.*

20. *Remarkable Predisposition to Hæmorrhage.*—Dr. SCHREYER, of Vogtsberg, states that in a family of five children, under his observation, the eldest bit his tongue, and bled to death; the second and fourth are perfectly healthy, but the third and fifth have a remarkable tendency to hæmorrhage. All these are of the male sex. The two above mentioned, one aged five years and the other fifteen months, have, at irregular periods, blue spots on the legs and thighs, which increase till they become as large as a pigeon's egg, when they assume a greenish blue colour, they do not bleed unless they are punctured; but if this be done, the hæmorrhage does not cease till the child faints, and the body is blanched. The blood which flows first is red, but after a time it becomes pale, like water in which flesh has been washed. Pressure with the point of the finger, kept up for twenty-four hours, is sufficient, according to the testimony of the parents to stop the bleeding. No coagulum ever forms, to plug up the vessels. Neither of the parents nor their relatives, participate in this morbid condition, and it is remarkable that it has affected their children alternately, viz. the first, third, and fifth.—*Zeitschr. für Natur. und Heilkunde.*

21. *Spasmodic Stricture of the Urethra from Mental Excitement.*—"We extract the following case from the inaugural thesis of Dr. Reimoneng, of Montpellier. A young man, after violent mental agitation, was attacked with retention of urine.

"Dr. R. found the bladder much distended; the hypogastric region was extremely tender to the touch, and the patient almost in a state of delirium from his sufferings. Several unsuccessful attempts were made to introduce an instru-

ment into the bladder. The contraction was sensibly felt in the passage, but appeared to be elastic, and to recede from the instrument without being permeated by it. In the endeavour to introduce the catheter a good deal of hæmorrhage was caused. After much violent straining, the patient succeeded in making about a wine-glassful of urine, and was momentarily relieved. Twenty ounces of blood were taken away, and thirty leeches applied to the perinæum. Clysters, fomentations, and a warm bath, were also employed. Still, however, the urine did not pass. Upon more accurate examination the contraction was found to exist at about six inches from the orifice, but no instrument would pass. The patient urgently requested to have some opium, for the purpose of relieving his torment, and a grain was given him. In the night he made water in abundance, and a bougie, of a large size, could afterwards be introduced. He stated, that the same accident had happened to him two years before, and from the same cause—mental excitement. He was then enabled to make water by the use of a warm bath, in which he remained two hours.”—*London Medical Gazette*, Vol. I. No. 26.

22. *Habitual Hæmorrhage from the Mammæ*.—S. A. æt. twenty-four, was admitted into the Königsberg Hospital for this affection. Had been frequently attacked by epistaxis during her infancy; was married at the age of fourteen, the menstrual discharge not appearing until a year afterwards. At sixteen she became pregnant, the menses occurring at the regular interval during the two first months: they then ceased, but reappeared in the sixth and seventh months. She suckled her child, (a boy,) for two years, the menses appearing, and continuing to recur, from the second month after her delivery. On weaning her child, milk continued to be secreted in large quantity; and although, when the breasts became tense, it flowed from the nipple, yet for her own comfort and relief, from the distress it occasioned, she took the child of a neighbour, and continued to suckle it for a year and a half, and occasionally gave the breast to other children, the quantity of milk secreted was so great. She had now got to a period of four years after her confinement, when a practitioner, who was consulted, undertook to stop the excessive and continued secretion of milk, by repeated abstractions of blood, and this was performed seven times in the course of eight days. The flow of milk upon this ceased, but a more serious evil now took place: blood was discharged from both breasts, attended with much pain, and this became almost intolerable when the blood ceased to flow. This state had continued ever since, the blood coming away continually night and day, and also during the menstrual periods, but without affecting her health.

On her admission into the Königsberg hospital, the patient had the appearance of a healthy well-fed woman, in rude health, with something of a plethoric habit, and, with the exception of the affection for which she was admitted, and the attendant pain, in perfect health. The mammæ, which she stated to have been very large and full whilst the milk was secreted, but to have lost half their size since blood had been discharged, felt soft, and showed no evidence of inflammation. They were, however, extremely sensible to the touch, and she could not bear the pressure of her clothes upon them. From the nipples, which were of natural size and form, there trickled blood, sometimes of a bright red colour, sometimes thin, dark-coloured, passing rapidly into putrefaction, and the quantity of which varied from three drachms to an ounce in the twenty-four hours. The blood could not be pressed from the breast as the milk had been. In cold weather, especially, there was much pain in the breasts, and when the flow of blood stopped, the pains became intolerable, and extended to the neck and head, shoulders and arms. She was free from fever, pulse slow and soft, skin dry, evacuations from the bowels and kidneys natural. During the progress of the case, the menses had continued to appear at the regular periods of four weeks, until a short time before the patient's admission, when, for the first time, they did not show themselves; whereupon a vicarious discharge of blood, apparently both from the lungs and stomach, took place.

Dr. Jacobson had the patient ten weeks under his care, during which time various means were resorted to with a view to her relief. Leeches were repeatedly applied to the pudenda, and blood taken from the feet; digitalis, hydrocyanic acid, and alteratives given internally; the semicupium and pediluvia employed, and a suspensorium mammae applied. No alleviation was, however, obtained, and the difficulties of a cure seemed to be increased, from the circumstance of discharge of blood from the lungs and stomach on the third appearance of her menses, (which usually continued eight days,) during her stay in the house. Unfortunately the patient most obstinately refused following the remedial means ordered for her, and she was on this account obliged to be discharged, so that the ultimate event of the case has not been ascertained.—*Rust's Magazin.*

23. *Action of the Uterus from Sympathy.*—"Dr. Pichon lately attended a young woman during her first labour, which was unusually tedious and severe. Her mother, forty-eight years of age, who attended as the nurse, was much affected at the sufferings of the patient: she soon experienced sensations resembling uterine action, and, four or five hours after the labour, she perceived a sanguineous discharge from the vagina, which continued for several days, with occasional interruptions. She had not menstruated before for eight years. On the third day from the first appearance of the discharge, the breasts swelled, and became painful to the touch. A kind of milky fluid escaped from the nipples for five or six days; the uterine hemorrhage then disappeared, the breasts assumed their natural state, and the lady subsequently experienced no inconvenience. Dr. Paillard has recently related a similar case to the Society of Practical Medicine at Paris."—*Lond. Med. Gazette, Vol. I. No. 18.*

24. *Extraordinary Instances of Suppression and Retention of Urine.*—"In Hufeland's Journal for August, 1827, there is an extraordinary case related of a young lad, who made no water for seven weeks, and who suffered little or no inconvenience from this extraordinary suppression. There was no vicarious secretion in this case. Catheters were introduced into the bladder, but no urine could be found. Dr. Racum, (of Riga,) after failing with all other medicines, restored the urinary secretion by a mixture of oil of amber, Venice turpentine, and balsam copaiva.

"In another German Journal, there is a case of retention quite as extraordinary. The patient was a young lad of thirteen years of age, who experienced a severe paroxysm of fever, in October, 1822, followed by a miliary eruption, which was repelled by exposure to cold. Another paroxysm ensued, and great debility was the result. On the 20th of November, he was seized with violent pain in the rectum, which was greatly aggravated by attempts to pass any fecal matters. In the beginning of January following, the constipation still continuing, the urinary secretion became extremely scanty, and at length ceased for fifteen days. This cessation, and for a similar space of time recurred twice afterwards. In March, 1823, the urinary discharge ceased again, and none was passed for six months afterwards! In July, the boy was found to be extremely emaciated, the bowels being obstinately constipated, and there being periodical pains in the loins, which were so severe as to throw him into convulsions. Nothing unusual could be discovered about the urinary passage, or rectum. The abdomen, however, was greatly distended, but not apparently with fluid, as it emitted a hollow sound when struck. On exploring the rectum there was felt, on each side, an elastic tumour, the nature of which could not be ascertained. Dr. Berres introduced a very fine catheter, the urethra being extremely contracted, but could not draw off any urine. Medicines only exasperated his sufferings. He was taken by his father to Pest, where he was examined by several physicians and surgeons. While there, the water commenced flowing in large quantities—the abdomen shrunk in proportion—and the boy got well."—*Med. Chirurg. Rev. July, 1828.*

25. *Inflammation of the Placenta.*—"On this subject M. Brachet has published a paper in a recent Number of the *Journal Général*, which we shall here notice. M. B. remarks that this inflammation is equally dangerous to the mother and the fœtus. By intercepting or deranging the placental circulation, it may destroy the latter quickly or lead to abortion. Where the phlogosis is not so extensive or intense as to destroy the life of the embryo, it may greatly injure its health and obstruct development, by diminishing, more or less, the nutritive materials supplied by the mother. This inflammation is dangerous to the parent, because it may spread to the uterus, which is a serious consequence. Even in the induction of abortion, it is not devoid of danger to the mother. The causes of this placental inflammation are, blows on the abdomen, falls, shocks, violent contortions of the body, frights, strong mental emotions, &c. Inflammatory affections of the mother, and especially metritis, may also lead to placental inflammation. If, after the application of one or more of these causes, we find a pregnant woman complain of pains in the loins, coming on periodically, but never entirely ceasing, leaving in the intervals a dull and uneasy sensation, we may presume that there is placental inflammation in existence. In such case, abortion is imminent—or, if this do not take place, the life of the fœtus is in danger. We cannot be too early in our endeavours to remedy the evil; and as, in all other inflammations of parenchymatous structures, blood-letting is the most effectual measure. But timid depletion will not succeed. The patient should be kept in the horizontal position, and a large quantity of blood should be detracted. To quietude, position, and venesection, cold drink should be added. But it is not sufficient to remove the more urgent symptoms. Anti-phlogistic measures should be continued, till all sense of weight, pain, or uneasiness, is removed from the loins or uterine region, in order that induration of the placenta, the consequence of chronic inflammation, may not succeed the acute form, and thus produce those troublesome adhesions of the placenta to the uterus, which require manual force for separation after delivery.

"Dr. Brachet has no doubt that many morbid conditions of the placenta escape our notice, in consequence of the little attention that is paid to the examination of this part after its removal from the uterus."—*Ibid.*

26. *Morbid Softening of the Uterus.* By S. G. LUNORN, M. D.—"It is only of late years that mollescence, or morbid softening of the living structures, was discovered to be one of the most important, and, unfortunately, one of the most common structural lesions to which the human frame is subject. The brain, the lungs, the spinal marrow, the nerves, the muscles, the bone, the heart, and other parts, have been found in this pathological condition, and have been the subjects of accurate investigation. The uterus is the organ to which we are now to direct our attention.

"The mollescence of the womb is more frequently partial than general. It more commonly occupies the internal surface, and the cervix—though occasionally it is found penetrating through the entire substance of the organ. The mollescence presents several *degrés*, blending insensibly into each other. In the first degree, the parts are simply softened or very flaccid, generally with serous, or sero-sanguineous infiltration into the interstices. An example of this kind was observed by our author in the Hospice de la Maternité, in the month of March, 1827. A young and strong female had been carried off by puerperal fever, a few days after delivery. On dissection, not only the uterus, which had a large empty bag, but all the other organs, especially those of a muscular structure, as the heart, were in a state of extreme flaccidity. The tissue of the uterus was infiltrated with serosity, and very lacerable. Internally it was lined with a dark coloured, viscid coating, exhaling a putrid odour. The ovaria were softened, flaccid, and infiltrated. The heart was in a similar condition. There are not wanting examples of this kind in works on puerperal fever.

"In the second degree, the structure of the uterus is still farther altered. It will scarcely bear handling, without reduction into a pulpaceous mass. The

following is an example, observed at the Hospice de la Maternité, under the care of Professor Deneux.

"A female, aged twenty-seven years, of good constitution, and previously healthy, was safely delivered of her second child, 4th April, 1827, after a labour of seven hours. She complained of a pain in her side the same day, and was bled, both generally and locally; but some symptoms of pulmonic affection continued till the 17th of the same month, when she complained, for the first time, of burning heat in her throat. The night was passed in great agitation, and, on the following day, the tongue was observed to be swelled, and an erysipelatous eruption covered the neck and shoulders. As there were some signs of gastric derangement, an emetic was prescribed, and an oily purgative. On the 19th, the patient complained of great general debility, but no local pain. Having exposed herself to cold by throwing off the bed-clothes, the erysipelas disappeared rather suddenly, and was succeeded by diarrhœa, urgent thirst, and cough. 22d. Cephalalgia was added. 23d and 24th. Showed symptoms of low fever; but without any pain or tenderness of the abdomen. She lingered till the 26th, when she expired, never having complained of pain in the abdomen or uterine region.

"*Dissection.* The arachnoid was opaque—many red points in the brain when sliced—no effusion in the ventricles. There was some yellowish serum on the thoracic cavities—lungs sound—heart flaccid. There was some yellowish effusion in the peritoneal cavity, but the peritoneum itself was healthy. The mucous membrane of the cæcum and colon was intensely inflamed—liver enlarged and softened—the uterus was so soft, that it would scarcely bear handling, especially in its anterior parietes.

"In two cases of puerperal fever, our author observed a similar mollescence of the uterus; and cases are quoted from Lippich and Nauman, showing the same condition.

"In the third degree of uterine mollescence, the disorganization amounts to almost a liquefaction or reduction of the viscus to an inorganic pulp. Generally, this state is only partial—life not continuing till the whole organ is so changed—especially in acute cases. For the most part, the stomach, heart, or other viscera, partake in these mollescences. The tissue thus softened, sometimes preserves its natural colour—at other times it is pale. The parietes of the uterus are more frequently in a state of atrophy than hypertrophy, when they are morbidly softened.

"The symptoms of this uterine mollescence are very vague, and but little known—especially those attendant on the invasion of the disease. A sense of weight, or constraint in the pelvis—dull pain in the hypogastrium, augmented by pressure—uterine hæmorrhage—suppression of the lochia, (if in the period of accouchement,)—febrile exacerbations, &c. are the usual accompaniments of this disease; together with a remarkable prostration of the mental and physical powers, and a presentiment on the part of the patient, that death will ensue. Our author thinks—and the conjecture is rational—that, if this disease be going on during utero-gestation, there will be slow and laborious parturition, with probability of a dead fetus, uterine hæmorrhage, and other accidents attendant on bad labours. It is also not improbable, that mollescence of a portion of uterus may be very accessory to that dreadful occurrence, laceration of the organ. This last supposition, indeed, is nearly converted into a certainty, by the cases of ruptured uterus put upon record by various authors. The rupture of other organs also, as the heart and stomach, in cases of mollescence of these parietes, is favourable to this supposition.

"The progress of mollescence of the uterus, is sometimes acute, sometimes chronic. The duration, of course, is very various. It may continue for many years, if the affection be partial, and if nothing occurs to hurry forward the disease. Without being able to say any thing decisive as to its comparative frequency, our author thinks, that it is a malady by no means very rare. The proximate cause is doubtful—it is not always the same. The mollescence is

sometimes a primitive affection—sometimes the effect of other diseases, as of inflammation. In the first instance, it may be owing to a kind of defective nutrition—in short, it may be a kind of atrophy of the organ, unaccompanied by any super-irritation or excitation. There is little doubt, however, that this mode of production is infinitely more rare than that which results from inflammatory action in the part, acute or chronic. Our author is also of opinion, that there is another cause for this mollescence of the uterus—and that is, a putrid or depraved state of the blood itself. Many cases which occurred to him at the Maternité, are in support of this doctrine; but, at present, he declines entering farther on this path of investigation.

“The *prognosis* is unfavourable—but more or less so, according to the degree of intensity, and extent of the disease. The *diagnosis* is very difficult, and must be gathered, if possible, from the few symptoms already described. In most cases, the disease is only recognised after death. This, however, was the case in many other diseases, now well known by living indications, but formerly undistinguishable, from want of investigation. The same observations will apply, no doubt, to the treatment. It must be purely *symptomatiacal*—that is, the actual phenomena present must be attended to, and combated, if practicable. In some cases the disease, when situated about the os, or cervix uteri, can be recognised by manual examination. It is then for us to determine, by the existing symptoms, whether it is of an inflammatory nature, or the effect of atrophy—and act accordingly.”—*Ibid*, from the *Répertoire*.

27. *Gangrene of the lung terminating favourably*.—M. LAURENT communicated to the Royal Academy of Medicine, a case of this kind. A lady had experienced from youth several attacks of hæmoptisis. In a journey which she made to Versailles, in 1823, she was seized with acute pain in the right side of the chest, which yielded to the application of twenty-four leeches, but which still induced an indescribable uneasiness of two or three days' duration. On the 4th day, she was seized with a violent and convulsive cough, succeeded by an abundant expectoration of greenish matter mixed with a black substance, emitting a horrible gangrenous odour. This kind of expectoration continued a long time, and it was ten months before she perfectly recovered.—*Revue Médicale*.

28. *Instance of Obliteration of the Aorta opposite the Fourth Dorsal Vertebra*. By Professor MECKEL.—A peasant, aged thirty-five years, previously in good health, robust, and well-made, was, all at once, on the 18th January, seized with a sense of great debility, while carrying a sack of grain to market. He was carried to the hospital immediately. The symptoms of syncope and vertigo were dissipated in a few hours; to which succeeded gastric irritability, pain in the chest, total loss of appetite, bilious vomiting; the pulse remaining little altered. By the sixth day, the patient appeared to be completely cured—got up—and was walking about—but suddenly fell down dead.

*Dissection*.—On opening the thorax, the pericardium was observed to be filled with black blood, occasioned by rupture of the right auricle, which was softened in its structure. The aorta ascendens was found to be too much dilated for injection from that point—and, therefore, ligatures were thrown on the left subclavian and carotid arteries, while the tube was fixed in the arteria innominata. The injection was considered to be unsuccessful, and as the subject had been designed for a demonstration, it was thrown aside. On opening the abdomen, afterwards, the vessels were seen injected, as were those of the lower extremities down to the feet. The examination being prosecuted, they found the aorta, immediately below the arterial ligament, reduced to the size of a crow-quill, while a beautiful net-work of vessels was seen between the trunks, going off from the arch of the aorta, and the intercostals of the aorta descendens. The said intercostals were very much enlarged, and had produced grooves in the ribs. From this circumstance it was inferred, that the obliteration of the aorta was an affection of long standing, and could not possibly have dated from

the late attack of syncope, six days previously. The man must, therefore, have, not only survived the cause of the obliteration, whatever it was, but lived in good health for many years afterwards. On enquiry, all that could be learnt, was, that this man had been very often ill in his youth; but afterwards had grown up strong and muscular.—*Journal Complementaire*.

29. *Case of Mollescence of the Coats of the Stomach.* By M. CHOMEL.—The following case is highly instructive, as showing the great disorganization that may exist in the stomach without its producing any considerable sympathetic disturbance in the system or febrile action. We especially recommend to the attention of our readers, the concluding remarks of the editor of the *Medico-Chirurgical Review*. It must be evident to every man of reflection and observation that *experience alone* is by no means a safe teacher; it but confirms fools in their folly, the wise only learn from it.

“*CASE*.—A married woman, aged twenty-two years, who had had one child, became troubled with a considerable hæmorrhagia in the beginning of the year 1827, at which period she was also exposed to several moral emotions of a distressing nature. Nevertheless she became pregnant, and experienced almost constant malaise—*anorexia*—*thirst*—*tenderness at the epigastrium* after eating—and, finally, vomiting of yellow and bitter matters. It was three days after the commencement of these more serious symptoms that she entered La Charité, viz. on the 24th May, 1827. The expression of the countenance was natural, as was the state of the skin and tongue—the pulse was scarcely quickened—*thirst* very moderate—*epigastrium* very tender on pressure, but the abdomen soft and indolent. Each day she had ten or twelve vomitings of bilious matters, with some streaks of blood—*stools* regular. Leeches were applied to the *epigastrium*, and fomentations, lavements, diluents, &c. were employed, but without success. The vomitings continued—the tenderness of the *epigastrium* increased—the tongue was sometimes red, or shining—sometimes natural. Opium, for a time, diminished the sickness, but ultimately failed. On the 24th June, the sickness suddenly ceased—and the *epigastric* pain vanished entirely. But debility and emaciation advanced, and she expired on the 9th July, no vomiting having occurred for a fortnight before dissolution.

“*Dissection*. On opening the abdomen, the stomach was found torn from the cardiac orifice to about the middle of its anterior surface; but without any extravasation into the abdomen. A great portion of the mucous membrane of this organ was completely destroyed; and some parts of the muscular and peritoneal coverings were so soft and thin as to be ruptured almost by handling them. There were only a few red patches in the mucous membrane of the intestines. The uterus contained a fœtus of three months.

“*Remarks*. This was an extremely well-marked case of gastritis, (of the mucous membrane,) as far as pathology was concerned. But it is not a little remarkable that, while such a dreadful disorganization was going forward in a vital viscus, there should be so little febrile disturbance in the system. The pulse and skin scarcely evinced any deviation from a state of health, and the tongue was often natural. The cessation of the vomiting too, for a fortnight before death, was an occurrence not to be expected, according to the ideas which are formed from elementary instruction, and systematic descriptions of diseases. It is from clinical experience, and from faithful clinical reports, that the mind becomes stored with the knowledge of those almost infinite varieties presented in diseases, the want of which knowledge renders the practitioner liable to perpetual error in prognosis and diagnosis. The apparently dry details of a case of this kind are quite wearisome, if not disgusting to the young, and especially to the routine practitioner. But we can tell them, that a careful perusal of such cases is one of the best modes of disciplining the mind for receiving accurate impressions at the bed-side of sickness. There is a very prevalent idea among professional men, that *practice alone* makes the good and successful practitioner. We deny it—and this denial is grounded on more than

thirty years of careful observation, not only of diseases, but of men. In all that course of time we never knew a good and a successful practitioner who did not read and study as well as observe. It is usual for the lazy man of experience to quote John Hunter, as an example of great eminence, without reading. Not having known John Hunter, we cannot speak as to his *practical* talents; but the foregoing opinion is the result of what we have seen among our own acquaintances, which are not very few. It is fashionable to deride books and study; but, for our own parts we have no hesitation in affirming, that nine-tenths of our *practical* knowledge would never have been acquired, had it not been for that discipline which results from studying the practical observations of others. This sentiment from gray hairs may probably have some weight with those who think that every thing is to be gained by the *sight* of diseases, and little or nothing from *reflection* excited by reading. Not a day passes—not a day has passed for twenty years, that we have not seen the most outrageous errors committed by men who pride themselves on never consulting any thing but their own *experience*. Such men were born in darkness—live in darkness—and will die in darkness.”—*Medico-Chirurgical Rev.* July, 1828, from the *Revue Méd.*

30. *Case of Tumour of the Cerebellum.* By JOSEPH HOELTON, Esq.—In our original department will be found three cases illustrative of the pathology of the nervous system, the following case, related by Mr. Houlton in the *London Medical Repository and Review*, for April, 1828, is interesting as tending to the same point, as is also the case by Mr. Stanley in our department of physiology, Art. 7, p. 187.

“John Burlin, though of small stature, was a strong-looking lad, with light hair, eyes, and complexion; his usual employment was husbandry. He had been from childhood subject to occasional attacks of head-ache, but was nevertheless a thriving, active boy, until he arrived at the age of twelve; the head-ache became now more frequent and severe; sometimes, on waking in the morning, he would complain of considerable distress in the head, and whilst working in the fields, the pain would suddenly seize him, and oblige him to leave his employment.

“In November, 1819, when fourteen years of age, he became much worse; the pain was then attended by great prostration of strength and violent retchings. I was called in to see him on the 9th of December. I found him in bed, and he had just thrown up a quantity of greenish fluid from the stomach; he appeared rather comatose; his skin cool; his pulse feeble; he answered questions readily; he said he felt faint and cold; he had not, when I first saw him, much pain in the head, but said that he had, when the pain came on, ‘*such snaps and cracks in his head*,’ and he referred the seat of the pain to the forehead. His mother said that he had often requested her to apply her ear to his, that she might hear the noise in his head, and she had done so, and had ‘heard a noise there, like the singing of a tea-kettle just before it boils;’ but this was probably all imaginary. She said, she thought it ‘something very remarkable that he should be some days so bad that he appeared as if dying, and that the next day he should be apparently well. He would frequently say on his better days that he was quite ashamed that he had complained of being ill.’ When in pain, he usually placed his hand upon his forehead, and then upon the occiput. Holding the head down would bring on the pain; so would turning it suddenly; he carried it back, inclining to the left shoulder; which gave him the appearance of having a wry neck.

“His appetite was by no means impaired; the bowels were costive. I promoted a relaxation of the bowels with calomel and jalap, and gave him volatile alkali, in camphor julep, which he took with much satisfaction, saying it made him feel better. The calomel and jalap were occasionally repeated, and he was cupped and blistered.

“He died rather suddenly on the 26th December, for on the morning of that day, he did not appear worse than he had frequently been before; in the afternoon, his mother thought he did not seem sensible, for he threw his arms about,

and used very unusual gestures, and in about an hour after, she noticed that he was seized with convulsions, and soon died, apparently without pain.

"In dissecting the brain, several ounces of clear fluid were found in the ventricles; the septum lucidum was lacerated; the plexus choroides pale. In the left lobe of the cerebellum was found a globular substance, about the size of a large chesnut, weighing 5ivss.; externally, this tumour was very vascular; internally, it was uniformly pale, of a pimrose colour; in texture, it was tough, more particularly in the centre."

31. *Diseases of the Heart caused by Onanism.*—"Dr. KRIMER, of Aach, has lately published an interesting paper on this subject. Our own experience has furnished us with several opportunities of seeing cases of the kind he describes; and as the subject has not hitherto been particularly discussed, we shall give the leading points of his communication. Dr. K. is of opinion that diseases of the heart, which have increased so much within the last twenty years, do not always depend upon organic alteration, but are very frequently produced by the baneful and lamentably frequent practice of the vice of onanism. Head-aches, great anxiety, palpitations, faintness, an oppression and unusual sensibility in the epigastric region, are the first symptoms produced. They increase in severity in proportion as the subject gives way to the gratification of his unnatural propensity, and quickly diminish, or cease altogether, if he abandons it. To support his opinions, M. K. states many cases. He enumerates the following symptoms as pathognomonic of such affections of the heart; by an attention to which, the practitioner will be enabled to distinguish the train of symptoms from other diseases which are not unfrequently suspected.

"1. The hair loses its natural brilliancy, is remarkably dry, and frequently splits at the extremities. It falls off easily and in large quantities, especially from the fore part of the head. In persons affected with consumption, or organic disease of the heart, the hairs appear well nourished, and rarely fall off.

"2. The eyes are dull, downcast, frequently full of tears, and without expression, and deeply sunken in their orbits. The edges of the eyelids are reddish, and surrounded by a bluish tint. In phthisical patients, and those with organic disease of the heart, the eyes are brilliant, and always preserve their natural expression and vivacity. In young females, at the approach of menstruation, a blue circle is commonly observed around the eyes, but here also their brilliancy is undiminished.

"3. The patient appears very timid, and unwilling to look other people in the face.

"4. Periodical head-ache is common, extending from the occiput towards the forehead.

"5. The power of sight is diminished; the appetite is lost; the tongue is usually loaded. A slight cough, short and difficult respiration, are generally present; but still the patient can draw a deep inspiration.

"6. Pains in the stomach, with weight and pressure in the epigastric region. Patients with organic diseases of the heart have occasionally these symptoms, but in such cases, they are not accompanied by those above enumerated.

"7. A general feeling of lassitude, and feebleness of the limbs, with pains in the lower part of the back. We would add also, that pain and throbbing of the testicles, with uneasy sensations shooting up the spermatic cord, are frequently complained of.

"8. The perspiration has a dull and sweetish odour, similar to that of infants at the breast.

"9. If the vice of onanism be touched upon in conversation, the agitation and embarrassment of the patient invariably betray him.

"10. If the practice be continued, the mind is at length enfeebled, the patient is incapable of mental or bodily exertion, and sinks into a state of somnolency."—*Lond. Med. Gaz. Vol. I. No 19, from Hufeland's Journal.*

32. *Rupture of the Stomach, produced by Vomiting.*—J. N. WEEKES, Esq. relates, in the fourteenth volume of the *Medico-Chirurgical Transactions*, the following case. A man, æt. 34, had been subject to attacks of pain in his stomach for two years; these pains generally went off with vomiting. About Christmas he vomited a large quantity of blood, since which time his health has been much impaired, the attacks of pain and vomiting being more frequent. "On the evening of April 13th he was brought to St. Bartholomew's Hospital, suffering great pain, extending from the epigastrium over the whole abdomen. There was nausea, but neither tenderness nor tension of the abdomen; pulse frequent, tongue clean. He attributed these symptoms to having drank some shrub and water, having had a similar attack a week before, after indulgence in spirituous liquors. On the following day the pain was better; but at eleven at night he had another attack of excruciating pain—the abdominal muscles hard and contracted, but the belly not tender on pressure; pulse small and feeble. Sixty drops of laudanum were administered, and not giving relief, were repeated; still, however, without benefit, as the pain continued for about two hours, when he was seized with violent vomiting. The pain was now rather better, and the vomiting ceased; but the patient sank rapidly, and died at four o'clock in the morning.

"On opening the abdomen, the stomach was observed to be flaccid and empty, and its contents, which consisted of a large quantity of dark brown fluid, were effused into the peritoneal cavity, through a ragged opening situated on its anterior surface, and near the œsophageal orifice. The rupture extended from below the lesser arch of the stomach to near its cardiac extremity, and was about four inches in length. The three membranes were not torn equally, the rupture of the peritoneal extending an inch farther than that of the muscular or mucous coat. On the posterior surface of the stomach was a laceration, measuring three inches in length; and there were two or three small ones, from an inch to an inch and a half in length, at its great arch. These lacerations extended only through the peritoneal coat of the stomach, the muscular and mucous tunics remaining perfectly whole. The mucous membrane of the stomach was lined with a great deal of dark-coloured secretion, beneath which the membrane itself was of a deep red colour throughout; its texture was softened, and partially emphysematous; the stomach, in other respects, appeared healthy. The liver was pale and softened; the gall-bladder contained a calculus; the structure of the spleen was unusually soft; the other viscera were healthy.

"The remarkable features in this case are the extent of the rupture of the stomach, with so little disease of its coats, there being no thickening or ulceration at the part where it gave way."

Dr. Crampton,\* Mr. Travers,† and Dr. Abercrombie,‡ have related cases of rupture of the stomach, but in them there was ulceration of the coats of that organ. Lallemand,§ has published a case in which, on dissection, the cavity of the peritoneum was found full of half-digested food; the anterior and middle part of the stomach was torn obliquely from its small towards its great curvature, to the extent of five inches. The edges of the rupture were thin, irregular, and presented no marks of disease. The three coats of the stomach were not torn to an equal extent, nor exactly in the same direction; the rupture of the peritoneal was larger than the muscular coat, and the mucous membrane was the least extensively lacerated. A mass of scirrhous, an inch and a half in extent, surrounded the pylorus. The other parts of the stomach were perfectly healthy.

\* *Medico-chirurgical Transactions*, Vol. VIII. † *Ibid.* ‡ *Ed. Med. and Surg. Journ.* for 1824. § *Dictionnaire des Sc. Med.* Art. Rupture.

## MATERIA MEDICA.

33: *Pyroligneous Acid*.—M. SCHULTZ, of Kassan, recommends this acid as a very sure and prompt remedy for producing cicatrization of phagedenic ulcers of the feet.—*Journal de Chim. Méd.* April, 1828.

34. *On the Use in Fevers of the Sulphate of Quinine and of the Quinquina*.—M. Miguel made a report to the Royal Academy of Medicine on the 22d of April last, on a memoir of M. Vulpes, of Naples, on the use of the sulphate of quinine and quinquina in fevers. M. V. gives the preference to the sulphate of quinine in the treatment of intermittent fevers, sub-orbital neuralgia, dyspepsia, &c. whilst he prefers the quinquina in substance in fevers, formerly denominated putrid, which usually proceed from sedative miasmata exhaled from individuals crowded together in small and badly ventilated apartments.

M. V., a partisan of the Italian doctrine, distinguishes the fever, called jail or hospital fever, from contagious typhoid fevers, such as the petechial fever, the yellow fever, which, in the Italian system, are regarded as inflammatory, and he rests the opinion on the following fact. In March, 1825, there was so great a crowd of patients at the Maison d'Aversa, in Naples, that they were constrained to lodge them in a convent, which was unprepared for their reception. The filthiest among them, who were the most numerous, were shut up in a confined dormitory, which was in a remarkably dirty state. Very speedily a fever made its appearance, which was at first looked upon as petechial, and treated antiphlogistically. The disease made rapid progress, and became very fatal. The sulphate of quinine was then employed, which aggravated all the symptoms. The quinquina in substance was next used, and with the happiest effect: it was administered to the amount of half an ounce daily.

M. V. offers the following explanation of the fact of quinine curing certain fevers, but not answering as a substitute for the bark in others. The operation of the bark, he says, is not anti-febrile but anti-periodical. It is of no service against fever, but acts in opposition to that unknown condition of the system which produces the periodical accessions. It is moreover tonic and corroborant. When fever is the result of inflammation, the bark can never be given with success, but if it be owing to a simple re-action of the system against deleterious agents which tend to weigh down the vital powers, the medicine should be administered in substance. In intermittents arising from marsh miasmata, and other analogous causes, the bark and its sulphate are equally applicable, the last being preferable, as less nauseous and more conveniently administered.

M. Vulpes strenuously combats the doctrine of fevers from this origin, depending upon internal phlegmasias, but admits that partial inflammations may take place during the course, and even from the effect of an intermittent fever. But he regards such inflammation as merely a symptom demanding local treatment, whilst the general state of the system demands the employment of tonics and specific remedies.

The reading of this report gave rise to a long discussion, in the course of which one member expressed his regret that M. Vulpes had not brought a single autopsy to support his positions. Other members reported experiments made with the sulphate of quinine administered in glysters, when its exhibition otherwise was prevented. M. Chomel stated that he had frequently given the sulphate of quinine in extremely large doses, to the amount even of sixty-two grains a day, without having observed either gastric inflammation or any of the unfavourable consequences usually attributed to this medicine.—*Revue Médicale*, May, 1828.

35. *New Preparation of Balsam of Copaiba*.—In consequence of the disgusting flavour of balsam of copaiba, and of the frequent adulterations of that valuable medicine, M. Dublanc, Jr. has employed the volatile oil in preference

to the balsam itself. This oil is very efficacious, whilst the resin is nearly inert. MM. Bard and Cuillerier have witnessed the success of this mode of administering the copaiba in thirty-three patients who were cured in five or six days.

M. Dublanc forms a spirit of copaiba by distilling the essential oil with two thirds of its weight of alcohol. (Sp. gr. 837.) This is nearly free from the unpleasant smell and flavour of the drug.

"M. Miathes states, that if bals. copaibæ be mixed with a seventeenth of its weight of pure magnesia, it will acquire a degree of solidity sufficient to allow it to be formed into pills."—*Revue Médicale*.

36. *Oleum Ricini*.—M. LANGIER states that the repeated employment of this oil as a purgative, has twice produced on himself a pruriginous eruption, or redness and itching, at the wrists and bendings of the knees, yet the oil was neither rancid nor bitter.

37. *On Phosphorus as a Caustic*.—DR. PAILLARD has lately written an interesting article on this subject. Reflecting on the rapidity with which phosphorus destroys the tissues to which it is applied, the doctor conceived the idea of employing it as a revulsive upon the skin, to remove chronic inflammations of the viscera, of the muscles, or joints. It is more convenient and quicker in its operation than moxa. A piece of phosphorus, about half the size of a lentil, placed on the skin and set fire to, produces great pain, cauterizes deeply, and to as great an extent as an ordinary cotton moxa. Twenty seconds suffice for this operation. These new moxas may be made of all sizes; they can be applied in a greater or less number, one at a time, or all at once, according to the case in which they are employed. The author has applied twenty-four at once, upon the loins, for the cure of a lumbago that had resisted all ordinary means. In a case of neuralgia affecting the thigh and ham, Dr. Paillard placed thirty small moxas from the tuberosity of the ischium to the tendo achillis; they were all lighted at the same time, and extinguished in fifteen seconds, each producing an eschar as large as a five-sous piece. The patient, (who had not been able to get relief from cupping the whole extent of the limb,) was quickly cured. The phosphorus may be also employed to destroy a diseased tissue, or to change the character of a wound or ulcer. Dr. P. says, that he has cured a woman sixty-five years of age, who had suffered for eighteen months from a cancerous wart under the lobe of the left ear, of the size of a very small pea; upon which a piece of phosphorus of about twice that size was applied; an eschar covered the little tumour, which was detached in six days, and the patient speedily cured. This method is very useful in those timid patients who are alarmed by the preparations for the common moxa; for scarcely does this caustic begin to act before its operation is over, and yet it has as great an effect as that produced by the long-continued pain of the ordinary moxa, which becomes insupportable from the time it occupies.—*La Clinique*.

#### PRACTICE OF MEDICINE.

38. *Dysentery cured by Nitrate of Soda*.—M. MAYER states, that in an epidemic of dysentery which lately prevailed in Germany, he obtained great success with this remedy; the rate of mortality scarcely exceeding one in fifty. The method he adopted was to give from ℥ss. to ʒj. of the salt in eight ounces of gum water. It is added, that though analogous to common nitre, that this last has not the same effect when tried as a substitute for the other.—*Hufeland's Journal*.

39. *M. JADELOT's Treatment of Croup*.—"M. Jadelot considers the croup as

a kind of angina of the air passage, presenting more violent symptoms, and having true paroxysms separated by well marked intermittents of special character. He admits different degrees in the disease according to its intensity, but without changing opinion as to its nature. Bleeding by leeches and emetics are the agents the most employed in the treatment of croup. The emetic alone has often sufficed to stop the disease, especially when it takes place in weak, pale, and bloated subjects; but in the opposite cases he insists on the application of leeches, and allows the blood to flow long enough for the infant to become pale, and the pulse to lose its strength. If the bleeding be too soon stopped there is a danger of not arresting the progress of the evil, and a result, which is at least troublesome, is, that of being obliged to apply more leeches.

"After the bleeding, M. Jadelot causes vomiting, several times in succession, at intervals of two or three hours, and the practice is attended by the greatest success, for the children find themselves relieved each time that they have vomited.

"When the croup has arrived at the second period without having been opposed, and the presence of a false membrane is suspected, M. Jadelot directs leeches to be applied, but from the moment that they fall off he hastens to produce vomiting, and it is in this case that he employs by spoonfuls, every ten minutes or quarter of an hour, the mixture called *anti-croupal*,\* until he has obtained vomiting. He insists equally upon derivatives used upon the skin or in the intestinal canal; he advises also to provoke sneezing.

"When the disease is very rapid, it has been a question whether we ought to commence by bleeding or emetic. M. Jadelot's opinion is, that we should bleed first if the infant be robust, and if it present signs of congestion towards the superior parts; on the contrary, he would commence by vomiting, when the subject is pale and exhausted, and there is little heat and fever."—*Ratier's Medical Guide to Paris*.

40. *Case of Gout.* By M. MESTIVIER.—"Gouty affections conceal themselves under so many different forms, that it is often very difficult for the most experienced physician to follow them through all their modifications. M. Mestivier has had the advantage of many years' practice in a country where gout is almost endemic, and the following case he adduces as a very curious one:—

"The Prince of Wagram, upwards of sixty years of age, of a bilious and sanguineous temperament, strong constitution, had for a long time been subject, as autumn came on, to attacks of gout, which increased in violence after each attack. The seat of the disease generally was in the feet. The year preceding the campaign of Moscow, the prince had the severest attack he had ever had: it was necessary to have recourse to bleeding to reduce the inflammatory action: this had the effect, and the attack gradually declined, and went away in fifteen or twenty days.

"In the campaign of 1812, the prince, from the pressure of circumstances, was exposed to great fatigue, and obliged to use a great deal of exercise, and to this cause perhaps he owed an exemption from his usual attack. However, the privations he had suffered, and the influence of climate, visibly affected his health, and it was with some difficulty he reached Posen, where he was obliged to lay up in bed. M. Mestivier was called to see him, and found him suffering intensely: his face, and every part of the body, was of a deep yellow; his look sad and uneasy; lips dry and without colour; tongue a little moist, but covered with a thick yellow coating; great thirst; frequent hiccup on drinking; respiration short and oppressed; no cough or palpitations. The epigastric region, which the patient would not suffer to be touched, presented nothing particular, but within twenty-four hours it had become the seat of so acute a pain, that the weight even of the shirt was insupportable. This pain, which

\* *Anti-croupal Mixture.*—R. Infus. Polygalæ, four ounces—Syr. Ipecacuanhæ, one drachm—Oxy-mel Scillæ, three drachms—Antim. Tart. gr. ʒss. mixce.

the patient compared to a tooth-ache, stretched over towards the right hypochondrium; the abdomen was soft to the feel, but sluggish in its action. For the last three days there had been no evacuation, although some gentle aperients had been used; the urine was scanty, red, and deposited a brick-coloured stuff, adhering to the vessel. Pulse was small, compressed, very quick, but regular.

"Taking all the symptoms into account, the case was considered as one of gall-stones passing through the biliary canals. Ol. Ricini, and a smart cathartic enema, were prescribed. The oil was rejected, but from the other means there was so copious an alvine discharge that the patient fainted. No advantage accrued from this; the case became serious, the danger augmenting every hour.

"It was now suspected that it might be a case of erratic gout, and warm irritating baths and sinapisms were ordered to the feet. He passed a sleepless night. The next day there was no amendment, and the patient was very low. A blister was applied to the epigastrium. Four hours after the application of the blister, the feet were examined: the left was reddened from the effects of the means used, but not in the least painful; the right, on the contrary, was much swollen, red, and excessively painful, and having a well characterised fit of gout. From this time the other and alarming symptoms gave way, and in a fortnight the Prince was completely recovered."—*Lond. Med. and Phys. Journ. August, 1828.*

41. *Obstinate Hiccough cured by the Actual Cautery.*—"A woman, thirty-two years of age, of a very susceptible habit of body, and weak in health, who had menstruated irregularly, and suffered much mental anxiety, was suddenly attacked with violent and repeated hiccoughs. They usually ceased towards bedtime, but were always increased in violence if the patient attempted to perform any active duty. At the time she presented herself to M. Dupuytren, the paroxysms of hiccough were extremely violent. He determined to employ "les toniques les plus énergiques;" and the actual cautery was selected as that best adapted to procure relief. A red-hot iron, of an oval form, about an inch in diameter, was applied opposite the xiphoid cartilage, until the part was reddened, the skin only was destroyed, and, after several applications, the hiccups were permanently cured. About ten years ago, M. Dupuytren treated a similar case in the same manner with equal success."—*Journal Complémentaire.*

42. *On the Use of Mercury in Venereal Complaints.* By S. D. BROUGHTON, Esq.—Mr. Broughton, in an interesting paper published in the first volume of the *London Medical Gazette*, says, that he has "taken about three hundred and fifty recorded cases of ulcers of the penis, admitted and treated in the regimental hospital of the 2nd Life Guards, one hundred and fifteen of which appear to have used mercury in different forms and proportions, and for different periods of time; so that about two hundred and thirty-five cases of primary symptoms, following sexual intercourse, have been healed by other means than mercurial remedies, as well as many not in the list.

"The number of secondary cases of symptoms following the primary venereal disorder during the same period, amounts to about twenty-two out of three hundred and fifty. And, upon following up the narrative of these, it appears, that the majority were generally simple cases of lichen,\* which got well with-

\* The following case may serve as an example of these in a healthy constitution, wherein no morbid diathesis or casualty modifies the symptoms. E. M. a private soldier, was admitted, August 10, 1827, with a deep sore on one side of the glans penis, following recent connexion. He was put upon low diet, and saline aperients, and the sore dressed with lint, dipped in the *lotio nigra*. In three weeks the sore was completely healed. Three weeks afterwards, an eruption, (like lichen,) covered his body, without preceding fever. This was September 9. He took *sarsaparilla*, and on the 27th he was discharged to his duty perfectly cured. In some of these cases small doses of the osymurite of mercury have been combined with the *sarsaparilla*, when the case assumed a chronic form, and did not become quickly cured; but in most cases it was not used, and in none but in a very small degree.

out mercury, and in no long time. The greater part of those cases which were protracted, and attended with ulcers of the throat, pains of the limbs, nodes, &c. were originally treated with mercury in the hospital, and the rest showed that mercury had been clandestinely produced at some period or other during the progress of the complaints. The simple cases of lichen, &c. were chiefly found amongst the men *not* treated with mercury, *while the most protracted and troublesome cases occurred with those who had been fully subjected to its operation.\** Since the use of mercurial saturation has been suspended, no cases have occurred to throw any distrust upon the propriety of the practice; and the few cases of secondary symptoms were generally mild and trifling compared with those which followed mercurial treatment, and readily yielded without mercury.

"I do not pretend to enter upon any nice discriminations of practice, or to draw a line between cases requiring and cases not requiring mercury, nor to describe such as mercury will aggravate. Indeed, I am aware of no satisfactory rules to guide the practitioner in this respect, but those which he himself derives from a sound judgment and experience. I wish merely to assist in establishing the fact, that venereal sores admit of treatment without mercury, and without cause of alarm; the secondary evils of mercury being usually far more destructive than those which arise from venereal taint, and that the one case is often mistaken for the other. Consequently, it appears to me, that there is more security in omitting to push a mercurial course than in adopting it; that comparatively few cases occur requiring mercury; that the perils of mercury are sometimes manifold and terrible; that at all times it entails more or less personal inconvenience and annoyance, and frequently leads to a train of ultimate symptoms, from which erroneous inferences are made, and an useless, if not mischievous practice adopted, the effects of which cannot be foreseen, and their limits no man can calculate upon.

"In my dispensary practice I have had frequent occasion to observe the great danger of pushing a course of mercury, when the patient is not under the surgeon's control, as to diet, temperature, &c. An error made in the treatment of sores on the penis with persons going about, and exposed to sudden changes of temperature, to cold winds, or wet, is too often irremediable. The labouring classes in London, perhaps not living on the best diet, nor possessing sound constitutions, exhibit frightful examples of the imprudent use of mercury; the effects of which, from some cause or other best known to themselves, there are practitioners, (chiefly in private practice,) who are constantly disposed to attribute to syphilitic action and deficient mercurial saturation. This propensity, indeed, I remember once to have heard very satisfactorily accounted for in a medical debating society, by a candid avowal, that if the anti-mercurial mania continue to spread, '*it would be ruin to the apothecaries and general practitioners.*' Therefore, the inference drawn from this liberal sentiment was, that it is better to be on the safe side, and not to hazard the adoption of modern heretical opinions against the '*wisdom and experience of our ancestors.*'"

Mr. B. has given several interesting cases illustrative of his views, but our limits will not permit us to copy them. The following are the conclusions at which he has arrived:—

"1. That all the forms in which venereal complaints present themselves, are to be removed without the aid of mercury; and this is more especially and remarkably the case in regard to the secondary symptoms of the disease.

"2. That mercury has formerly been, and frequently is still, used in an unnecessary, indiscreet, and highly dangerous manner.

"3. That mercury, *judiciously and alteratively* used, is not only an excellent, but perhaps the best remedy in many venereal complaints; nevertheless, a tithe of the quantity anciently administered is generally sufficient, and more than sufficient, probably, to eradicate the primary symptoms; while, again, a tithe of

\* And such I have always found to be the case elsewhere.

that tithe, or a centime, has been found competent to eradicate the secondary stage of the disease.

"4. That mercury is very far from being a certain preventive of the secondary train of symptoms in any form or quantity.

"5. That mercury, when pushed far, induces ulceration of the mucous secreting surfaces, more especially of the inner palate, throat, and fauces, as well as affections of the bones, so exactly resembling those ascribed to true syphilis, that the most experienced surgeon cannot detect any difference. In the hands of the members of the old school, mercury, in fact, creates its own work, by establishing diseases which have too often been confounded with venereal poison, and thereby led to a most dangerous and destructive practice.

"6. That the train of symptoms following mercurial treatment, has been found more severe and difficult to remove than that which follows primary venereal sores *not* treated with mercury; and that repeated relapses into secondary symptoms are removed with increased facility every time they occur, (as if the disease were itself out,) in cases wherein no mercury has been given.

"7. That while mercury, through its *accumulative* power, is the best and most powerful *alterative* ever discovered in numerous inflammations—such as the iritis, the hepatic, the dysenteric, the rheumatic, &c.—and is singularly powerful against that resulting from venereal poison; yet, if given incautiously, it tends to undermine the healthy state of the constitution, to establish, in some instances, and in others to aggravate constitutional diseases—to increase constitutional irritability—to excite inflammation and ulceration in, and to destroy the mucous textures of the body—to promote morbid absorption and removal of the fatty, fibrinous, and osseous substances of the system—and to induce synovial, albuminous, and serous accumulations in the respective cavities lined with the membranes producing such secretions; although, in moderate doses, mercury tends to remove such accumulations.

"8. That the extent and injury to the soft and bony parts of the system, arising from the action of mercury, is far more dreadful than any primary or secondary effects of venereal poison.

"9. That mercury never was a *specific* against the venereal poison, for relapses were constantly occurring during its fullest operation; nor possessed any virtue in the cure of the disease beyond being the most powerful *alterative* in the hands of the medical practitioner; and that the creed so long believed in, (to the ruin of the health of multitudes through mercurial salivation,) of its indispensability towards the cure, and the destruction of the patient if omitted, is utterly false and groundless; facts which can admit of immediate every day demonstration in the many thousands of the healthiest British soldiers, *who have been easily, effectually, and permanently cured of every stage of the venereal disease, without ever having taken one particle of mercury.*

"The bigotted adherence to a belief so false, and so universal, in which the wisest and most philosophic of our profession blindly participated, will be quoted by after ages as a national reproach: and, as it has indeed already done, will, it is to be feared, go far in destroying our confidence in all medical dogmata, or even doctrines, whatever.

"10. That mercury is wholly inadmissible in cases of *sloughing* sores of the penis, wherein there is preceding high inflammation and tumefaction of the parts affected, attended with fever; as it aggravates the local symptoms, and increases constitutional irritation; *and that mercury is inadequate to the cure in such cases, specific contagion being superseded by violent inflammatory action, which is too rapid in its course to be overtaken by the accumulative power of mercury, or by any remedies but those which act immediately and directly upon the symptoms of danger.*"\*

\* It has occurred to the author to notice two distinct examples of destruction of the penis—in one case entirely, and in the other reducing it to a short stump—following the application of mercury to sloughing sores on the penis, consequent to inflammation and fever.

43. *Treatment of Syphilis without Mercury.*—M. FRICKE treats the venereal cases, which are admitted into the hospital at Hamburg, in the following manner. “1mo. Every patient is bled to the amount of from six to twelve ounces, and the operation is repeated if necessary. About half a drachm of sulphate of magnesia is then given every three hours, and continued until repeated evacuations are produced. If the bowels afterwards become constipated, or the ulcers heal slowly, the use of the same remedy is renewed. 2do. As an external application to the chancres, Goulard water, or two grains of sulph. zinc, in six ounces of distilled water, is employed. When the size of the sore is much diminished, and it is no longer painful, lime water is used. If either of these lotions cause pain or inflammation, they are to be still farther diluted. Buboos are first treated by compression, and, if resolution cannot be promoted, they are opened with a bistoury, and afterwards dressed with dry lint. Condylomatous tumours are removed by the knife, or cauterized, and the wound dressed with the same lotion as for the chancres. 3tio. The patients are kept upon very low diet, consisting of vegetables, bread, and ‘soupe à l’eau,’ twice a day. 4to. If, at the end of a few days, the symptoms are not alleviated, a few doses of mercury, in small quantities, are given, and are found sufficient to effect a cure.

“The results obtained by this mode of practice are highly satisfactory. Chancres and buboos are speedily cured, and the cicatrices are by no means so evident as when mercury has been employed. Chancres, from three to four lines in diameter, are generally cured, in female patients, in from one to three weeks. Rather a longer time is required in male patients. M. Fricke, who has the advantage of retaining under his observation the patients thus treated, has not yet observed any secondary symptoms.”—*Graefe und Walther's Journ. der Chirurgie.*

44. *Injurious Effects of Sulphuric Acid during Suckling.*—Mr. THOMAS BEVAN, in a communication in the *London Medical Gazette*, Vol. I. No. 25, states that sulphuric acid given to mothers whilst suckling their infants, produces injurious effects upon the latter. “In a few days,” he says, “the bowels become much disordered, the motions very frequent and green in appearance, and, if we can judge by the restlessness of the little sufferer, passed with pain. If the acid be persevered in, the health of the child becomes most sensibly affected, and death at last closes the scene. I could mention a few cases which occurred under my notice, in which mothers, whilst suckling infants, were reduced to such a state of debility as to require the administration of gentle tonics, and in which cases the diluted sulphuric acid was selected and prescribed in doses of from grs. v. to grs. x. three or four times a day, in conjunction with infusion of roses. In nearly all the cases which fell under my observation, the mothers were much improved by the treatment, whilst the infants suffered in the manner before detailed. The probability most certainly appears to be, that the acid passes from mother to child in a free and uncombined state, and irritates the delicate mucous lining of the alimentary canal—so much so as to cause ulceration. My attention was first directed to this subject by a man who asked me ‘what I had given to his wife, as the child’s napkins, upon being washed, went into holes?’ I did not attribute the holes made in the napkins to the acid, but supposed they were produced by some other cause. In this case, the health of the mother was perceptibly improved.”

45. *Case of Anasarca, Successfully Treated.* By Dr. JÜGER.—The subject of this case, says the doctor, is an old man of sixty-five years, of a feeble and cachectic habit, very much addicted to spirituous potations, exposed to hard labour in the open air, and burthened with cares and privations. This man, after having been affected during the spring of 1824, with wandering rheumatic pains, for which he was treated by sudorific draughts, was suddenly seized with general anasarca, in the month of August of the same year. He could scarcely walk, his respiration was short and difficult, his debility had increased, and a febrile exacerbation manifested itself every evening. The urine was sometimes

abundant, whilst at others it was nearly suppressed, the skin at the same time remaining dry. Not being able to succeed in exciting the activity of the skin by internal means, such as the tartar emetic, the acetate of ammonia, the arnica, sambuca, &c. means which were particularly called for in consequence of the rheumatic affection to which the anasarca had succeeded, recourse was had to frictions with the tartar emetic pomatum. This was first rubbed over the abdomen, then the inferior extremities, until these parts were covered with pustules, and this treatment was continued, care being taken to renew the excitement of the integuments by new frictions, so that the effect of the old should not be lost. At the same time tonics and diaphoretics were administered internally. In consequence of these means the secretion of urine became more active, whilst abundant stools and profuse perspiration succeeded. Very soon the quantity of urine surpassed that of the drinks. The œdematous distention now diminished gradually, at first in the legs, next in the abdomen, and in about four weeks all the parts which had been the seats of disease were restored to their natural size. The pustules produced by the stibiated pomatum, discharged most copiously a purulent matter. To complete the treatment, Dr. J. administered the following pills: R. sulf. stib. aurant. gr. x.—aloes ʒiss.—pulv. scill.—pulv. herb. digital. purp. aa gr. xv.—crem. tart. ʒij.—extract. card. bened. q. s. ut ft. pil. pil. No. 100. P. d. 5 p. m. et vesp. After the patient had taken two hundred of these pills he was perfectly cured, and had recovered sufficient strength to enable him to walk several hours. The patient remains well at the end of two years.—*Journal des Progrès, &c. Vol. IX. from Graefe's Journal.*

46. *Ptyalism.*—Dr. ELLIOTSON is in the habit of employing a gargle of chloride of soda in ptyalism, and always with speedy relief.—*London Medical Gazette, Vol. I. No. 25.*

47. *Purpura Hæmorrhagica treated by Venesection.*—A man thirty-seven years of age, was admitted into St. Bartholomew's Hospital, under Dr. LATHAM, "having every part of the body sprinkled over with purpurous spots—the gums livid, spongy, and oozing blood—the whole tongue livid, and half of it presenting the appearance of a 'large, black, bleeding fungus' shooting from its surface, the inner surface of the cheeks presenting similar phenomena. The countenance was sallow—the eyes tinged with bile—blood, and nothing but blood, passing by stool. Yet the patient felt strong—had an appetite greater than natural—the urine was free from blood, and the body exhaled a fetid odour. Under these circumstances Dr. Latham had him bled to fifteen ounces—the blood exhibiting a prodigious buffy coat. He was kept on water gruel—had a few doses of aperient medicine containing calomel or the hydrargyrus cum creta, under which treatment, the purpura and hæmorrhage gradually subsided, and the patient recovered. During convalescence he required active purgation, and the use of brisk purgatives to check the inflammatory diathesis and obviate constipation of the bowels."—*Medico-Chirur. Review, July, 1828.*

48. *Chronic Ulcerations of the Tongue and Pharynx, cured by Iodine.*—M. MAJENDIE reports in the *Journal de Physiologie*, two cases of old ulcerations of the tongue and pharynx, considered as incurable, which yielded to the iodine given in large doses. The first case was that of a female of lymphatic temperament, who had enjoyed good health till the age of thirty, when menstruation became irregular, and epileptiform attacks supervened. After a time ulcers broke out on various parts of the body and limbs: "some exfoliations of the tibiae and bones of the arm also took place. Exerescences were now seen on the pharynx and tongue, and the attendant physician, conceiving the complaint to be syphilitic, notwithstanding the positive denial of the woman, she was put upon a mercurial course. Under this treatment the ulcerations of the body and limbs healed; but those of the tongue increased. In the course of time the patient lost her voice, which was attributed to ulceration of the chordæ vocales. In

this deplorable condition, M. Majendie ordered a solution of the hydriodate of potash to be exhibited, and the dose to be gradually increased, till it amounted to thirty-six drops in the day. The good effects were soon conspicuous. The surface of the ulcerations cleaned, and, in fifteen days, those of the tongue were completely healed. In a little more than a month, the other ulcers were also cicatrized. When every thing appeared to promise success a violent dyspnoea came on, and all the symptoms usually attendant on œdema of the glottis. Antiphlogistics failed, and tracheotomy was not practised. The patient sank. On examination, the interior of the larynx was found covered with firm and whitish excrescences, ('vegetations,') by which the passage was rendered impervious to the air."

"CASE II. A female, aged forty-one years, had been in the Hôpital Saint Louis four years previously for large ulcerations on the legs. She had scarcely left the hospital, apparently cured, when she was seized with dyspnoea, pain in the region of the larynx, and complete loss of voice. These symptoms continued, and, at the same time, large ulcers broke out on the face and neck, as well as on the tongue. Various modes of treatment had been put in practice, but without much relief, and she entered the Infirmary of the Salpêtrière, in March 1827, three years after the commencement of the facial ulcerations. Her nose was now almost demolished—various fungus ulcers were spread over the face and tongue—deglutition was very difficult—the respiration was impeded—articulation almost annihilated. On the 27th June the patient was put on the use of tincture of iodine, and the dose was gradually increased. The ulcerations at last were entirely healed, and a complete cure is now effected."

#### OPHTHALMOLOGY.

49. M. DUPUYTREN'S *Treatment of Spots on the Cornea*.—"The patients have flocked to the Hôtel Dieu for some years for the treatment of spots on the cornea, as formerly under Desault, for that of chronic ophthalmia of a scrofulous or other nature.

"The treatment employed by M. Dupuytren is as follows:—

"A bleeding if there be violent irritation. Leeches to the temples if this irritation is less. Afterwards, one or two mild purgatives, two or three days intervening between each. After which a seton made of cotton threads, united in a cylinder, and some inches in extent, under the skin at the back of the neck.

"In fine, the insufflation, or blowing into the eye or eyes, with the barrel of a quill, the eyelids being separated, a pinch of an impalpable powder, composed of R. Oxyd. Zinci. impur.—Sacchari Crystal.—Hydrargyri Submuratis *aa* partes æquales.—Misce fit Pulv. subtilissim.

"The size of the pinch may vary, and the insufflation should be repeated night and morning. The patients ought neither to wash nor dry their eyes after it.

"When there is no disease on the eyelids, no inflammation, no irritation of the conjunctiva, the insufflation of the above powder generally suffices to remove the spots. Those which are recent and slight are completely dissipated in a few weeks by this treatment. The thicker and larger patches are ordinarily cured in a month or six weeks, and very frequently patches which occupy nearly the whole of the cornea, and completely cover the pupil, entirely intercepting the passage of light into the eye, disappear entirely in a few months."

—*Ratier's Medical Guide to Paris.*

50. *Foreign Bodies in the Puncta Lachrymalia*.—M. DEMOURS has communicated to the section of surgery two cases, in which foreign bodies have found their way into the puncta lachrymalia, producing great irritation and pain. In

the first, the foreign body was an eye-lash, in the second, a portion of a beard of barley, about two lines long. They were easily extracted with forceps.—*Journal Général*, June, 1828.

51. *Affection of the Eye produced by Lightning*.—"J. H. ætat. 11, was repeating her lesson in the school-room of St. Martin's parochial school, on the afternoon of the 6th of May, standing with her left side towards the window: when a storm came on, and a flash of lightning strongly lit up the room, which instantaneously produced loss of sight of the left eye, with a tingling pain in the eye-ball of the little patient. The pain increasing during the following days, Mr. Mayo was sent for, by whose advice leeches were repeatedly applied to the temples, and blisters behind the ear and to the back of the neck, and mercury given so as to affect the mouth. Under this treatment there was daily a perceptible progress towards recovery; the condition of the patient at different periods being as follows:—

"The symptoms of the 11th of May, consisted in a painful sense of heat in the eye-ball; tenderness of the eye-ball on pressure; inability to raise the eye-lid; and, when the eye-lids were held open, extreme sensibility to light; vision dark and almost extinct; no redness of the conjunctiva; no inflammation of the sclerótica or iris; no loss of transparency of the humours; pain and tightness across the forehead; a sense of throbbing in the head; tongue white; pulse frequent.

"About the 20th of May she could distinguish objects more easily, and could bear to look towards the light, when the eye-lids were held apart: the muscle which raises the upper eye-lid might at this time have been supposed to be paralyzed, as she could bear to look upon the light; but was wholly unable by a voluntary effort to open the eye-lids.

On the 24th of May she was able to raise the eye-lid at pleasure, but the consent between the muscles of the two eyes was found altered in the following remarkable manner. When both eyes were closed she could open either at pleasure, but not both at once; on the attempt to open the second the first became closed, or if held open the eye was observed to roll away, being drawn upwards and outwards. This morbid association was easily broken by a simple artifice.

"On the 27th, all the symptoms being much alleviated, the left eye to external appearance sound, and used habitually with the other, yet vision with that eye being in some degree painful and weaker than before, the nature of her sight was carefully examined; when it appeared, that although she could read ordinary print, if held near to the eye, and stoop and pick up a pin thrown upon the ground, (yet not as readily as when using the right eye,) she had totally lost the faculty of distinguishing colours. Thus she was able to point out the circular spots on a yellow silk handkerchief, spotted with scarlet, but described the spots as black, and the ground as somewhat less black; white paper she described as a shade of black, and the leaves and petals of a rose as a deeper shade.

"On the 28th, the following day, she had recovered the power of distinguishing colours, but her sight remained weak, objects being seen darker and less distinct than natural with the left eye. At present, though not perfectly recovered, her sight daily improves."—*London Medical Gazette*, Vol. II. No. 28.

52. *Cauterization of the Cornea for Idiopathic Paralysis of the Iris*. By M. SERRES.—M. Demours, on behalf of a committee, made a report to the Royal Academy of Medicine, on an essay of M. Serres, physician at Uzès, "On the Cauterization of the Cornea, for correcting, in a prompt and sure manner, Alterations of Sight with Dilated Pupils." M. S. proposes to treat idiopathic paralysis of the iris, without affection of the retina and optic nerve, by applying nitrate of silver to the cornea near its junction with the sclerótica. Four cases are given by him, and the committee of the Academy having employed this re-

medy in three cases, testify to its efficacy. The caustic should be applied for one second, and it is useful that some lachrymation should be excited, and also a slight injection of the vessels of the conjunctiva. The light cloud which appears on the cornea, disappears in a few days.—*Archives Générales*, June, 1828.

53. *Cataract with Amaurosis, Successfully Treated.*—M. DEMOURS communicated to the Royal Academy of Medicine, at their sitting of the 26th of June last, that he had operated successfully for cataract on a person who had also amaurosis of the eye operated upon, and that the latter affection was subsequently cured.—*Archives Générales*, July, 1828.

54. *Fistula Lachrymalis cured by the Extraction of a Stony concretion.*—A woman, æt. thirty-two, of a cachectic constitution, had been affected for nine months with fistula lachrymalis. Dr. KUMEN, on examination, found the lachrymal sac swelled, hard, and upon the most prominent part of the tumour, which was red and painful, a small ulcer which penetrated into the lachrymal sac, and discharged pus, mixed with the tears, especially on pressure. The nasal canal appeared entirely obliterated, for the finest sound could not be introduced a line within it. When Dr. K. in order to re-establish the canal, endeavoured to introduce a pointed sound, he withdrew on its extremity a strong concretion of the size of a small pea, the removal of which left the canal entirely free, and the fistula was promptly cured. The small calculus was ash gray, covered with thick mucus, polished, of a calcareous appearance, and insoluble in water, alcohol, and weak vinegar. Dr. K. thinks that it was formed in the lachrymal sac, by inspissated mucus.—*Journal des Progrès*, Vol. X. from the *Journal Von Graëfe und Walther*, &c. 10 B. S. 597.

#### SURGERY.

55. *Extirpation of a Cancerous Excrescence from the Margin of the Anus.*—Pelat, aged twenty-three, of a good constitution, came from the venereal ward, where he had been treated for syphilis with corrosive sublimate. An excrescence of an extraordinary size grew on the margin of the anus; it had a cauliflower aspect, and it covered the orifice of the anus entirely; it had the texture of a fibrous tissue converted into carcinoma, and it emitted an odour peculiar to cancer. The expulsion of the fæces was difficult and painful. The patient was very desirous of having the tumour removed. Professor Lallemand thought that the syphilitic virus had been subdued by the sublimate, but that there remained a new product, which could only be removed by an operation.

August 17th, 1827, M. Lallemand excised the tumour by means of a pair of crooked scissors, cutting round the verge of the anus gradually, and cauterizing the part as he went on. The operation lasted rather long, but the excrescence was ultimately entirely removed without the occurrence of any hæmorrhage. On dissecting the tumour, its tissue presented cancerous characters in many points.

A piece of lint was introduced into the rectum, and spread over the surface of the wound. Compresses, introduced one after the other, were applied to prevent internal hæmorrhage. A certain quantity of lint, and a T-bandage completed the dressing.

The patient did well; no unpleasant symptoms appeared, and he left the hospital on the 3d of September perfectly cured.—*Clinique de l'Hôtel Dieu de Montpellier*.

56. *Case of Dislocation of the Metatarsus.* By Mr. SANDWITH.—“Sir Astley Cooper observes ‘the metatarsal bones I have never known luxated; their union with each other, and irregular connexion with the tarsus, prevent it, and if it ever happens it must be a very rare occurrence.’ (p. 355.)

"This accident, however, happened in my own person, from a blow on the foot, my horse falling upon it. I was instantly sensible of the nature of the injury, and as soon as I was upon my feet, the metatarsus was found to be drawn upwards, and obliquely outward upon the tarsus, by the action of the flexor muscles. On the removal of the boot, which was cut away, these were the appearances:—the foot considerably shortened, the toes turned a little outward, and a hard swelling bigger than an egg upon the tarsus, with tumefaction of the integuments. The pain, which was great at first, was kept under by a warm fomentation.

"The reduction was easily effected by my friends Messrs. Williams and Brereton, and leeches and bread and water poultices prevented inflammation. For several nights the foot was violently shaken by spasmodic action of the muscles, but the parts preserved their relative situation; and although it was nearly a year before all lameness ceased, yet at the end of six weeks I was enabled to lay aside my crutches. For the ability to use the foot in so short a time, I was indebted to a contrivance which rendered the foot and ankle inflexible.

"Instead of an elastic sole to the shoe-part of the apparatus, one of wood was procured, around the heel of which was nailed a piece of firm unbending leather; this reached as high as the calf of the leg: three small straps with buckles held the leg in situ, and a broader one across the instep secured the foot. The comfort I experienced from this simple apparatus is my reason for describing it so particularly; it has since been found useful in various injuries of the foot and ankle."—*London Medical Gazette*, Vol. I. No. 21, 1828.

57. M. DUPUYTREN'S *Treatment of Phagedenic and Corroding Herpes*.—"There is no physician who has not had an opportunity of observing and treating phagedenic or corroding herpes, and experienced a disagreeable proof of the inefficacy of the anti-herpetic, anti-scorfulous, anti-venereal remedies, and others which have been tried by turns against this cruel disease, according to its different appearances, and its supposed nature. We know, that in spite of all the remedies, the phagedenic herpes eats and destroys the nose, the lips, the cheeks, the eyelids, the ears, the temples; parts which it more especially and frequently attacks. Fire itself seems to irritate, as well as arsenical paste; these agents have besides the inconvenience of destroying the parts on which they are applied, and to add to their deformity. These motives have for a long time induced M. Dupuytren to seek other remedies against phagedenic herpes, and it seems certain, that they may be cured without deformity, by the use of the following powder:—

℞.	Hydrarg. Submur. præcip.	partes	-	-	-	199
	Oxidi. Arsenici. Albi. vel	} partem	-	-	-	1
	Acidi. Arseniosi.		-	-	-	
						<hr/> 200

"This remedy, which acts rather as a specific than as a caustic, may be variously employed. If the surface of the herpes is ulcerated, moist and cleaned, it is powdered with a little puff, charged with the above described powder, so as to cover it with a thick layer of about the twentieth part of an inch. If this surface is covered with a scab, it must be thrown off by means of a poultice, and then it is dusted as has been just described. In fine, if the herpes is actually covered with an imperfect cicatrice, it must be destroyed; twenty-four hours after, the surface is dusted, when it must necessarily have ceased bleeding."—*Medical Guide to Paris*.

58. *Ligature on the Common Carotid Arteries*. By Professor LANGENBECK.—"A bronchocele, supposed by Professor Langenbeck to be of a rare variety, which he denominates aneurismatic bronchocele, furnished an indication for a  
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ligature on the superior thyroideal artery. He commenced by tying that of the right side; but on the eleventh day after the operation, hæmorrhage came on, which was so profuse that Professor Langenbeck found it necessary to apply a ligature to the common carotid of both sides. The patient died on the following day.

"On examination of the body, the right hemisphere of the brain was found resting on a bed of exuded matter; the vessels were not unusually full on this side; but they were so on the left side, where no exudation existed. The internal surface of the carotid was found inflamed from its origin all the way to the brain. The author thinks that a ligature on the thyroideal artery is of no great practical utility, especially as the disease for which such an operation is indicated is extremely rare, and as the operation can only be incomplete; for the inferior thyroid must always dilate when the upper is obstructed; the size of the bronchocele diminishes but little; and a ligature on the common carotid, should it become requisite, as in the present case, is not without danger. Every one who has witnessed this operation will agree with Professor Langenbeck in this opinion. It has seldom proved of much service, and it perhaps has never succeeded in curing the bronchocele."—*Lond. Med. and Surg. Journ. August, 1828, from Neue Biblioth. für die Chirurg. u. Ophth.*

59. *Application of Plates of Lead to Wounds.*—M. REVEILLE-PARISE has recently adduced a number of cases, showing the advantages of this treatment of wounds. It has been tried at the Hotel Royale des Invalides, in extensive wounds, both recent and those of long existence, and M. le Baron Yvan, chief surgeon of that hospital thinks highly of this mode of treatment. The first trials, he says, were made on large chronic ulcers, of disgusting aspect, abundant suppuration, foul bottom, callous edges, and in most a tendency to erysipelas to some distance. The first day of the application the pain diminished, the suppuration was changed, inflammation yielded, and the edges in diminishing also contracted the surface of the wound. Extremities, which were covered with thick crusts, as in elephantiasis, were also wrapped up in lamina of lead, these scabs, which had resisted the means habitually employed, fell off. The same means have been employed in the wounds caused by hospital gangrene: the ash-coloured bottom disappeared at the first dressing, the suppuration became healthy, and cicatrization took place. The application of lamina of lead to wounds, diminished the pain, thinned the borders, resisted the tendency to erysipelas, modified the suppuration, and procured solid cicatrices."—*Journal des Progrès, Vol. IX. 1828.*

60. *Fracture into the Knee-joint, Successfully Treated.*—"March 24th. A. Aldred, a sailor, about forty years of age, fell from the top of a wagon, and broke his leg: he was brought to St. George's Hospital in two hours after, when it was found that the head of the tibia was broken off just above the insertion of the ligamentum patellæ, and the part separated was itself divided into two portions; the fibula was safe. There was a good deal of swelling, and blood appeared to be effused into the limb. This state continued to increase, and next-day the leg was prodigiously swollen, with much pain, particularly about the knee.—He was twice bled, had leeches applied, and was purged; the limb was placed upon a double inclined plane, and a cold lotion constantly applied to it.

"Under this treatment the symptoms gradually abated, and on the 1st of May the use of the fracture-box was discontinued, and the limb bandaged; in a week more the bandage was left off, there being only some thickening about the joint, with stiffness."—*Lond. Med. and Phys. Journ. June, 1828.*

61. *Amputation of the Neck of the Uterus.*—This operation is now frequently resorted to in Europe in cancerous affections of this viscera, which have been formerly regarded as incurable. However formidable it may at first appear, the danger attending it seems to be comparatively inconsiderable. Marjolin, Ré-

camier, Sauter, together with several English and German surgeons, have even gone further, and removed the uterus entirely. Almost all these operations, apparently so impracticable, have been crowned with unexpected success. Lisfranc has amputated the neck of the womb thirty-six times, and lost but three of his patients, a small proportion if we take into consideration that some of the cases doubtless presented unfavourable circumstances. Many of the women thus operated upon, have since been happily delivered of living children. The experience of those who have engaged in these operations shows that wounds of the uterus cicatrize very readily, and demonstrate besides, that the excision of the cancerous part is almost always attended by a radical cure.

For the purpose of obviating many inconveniences attending the usual mode of operating, M. Colombat has proposed an instrument of his own invention, a drawing and full description of which, with the proper mode of employing it, may be found in the *Revue Médicale Française et Étrangère*, for May, 1828. By means of the *hystérotome*, as he calls it, the neck of the uterus may be seized in the vagina, and cut with ease at a single blow, a *speculum uteri*, having been previously introduced. "The trials I have made," says M. Colombat, "in the presence of celebrated professors of the faculty, of many distinguished surgeons of the capital, and of a great number of students, have sufficiently proved that the operation performed according to my plan, is not only more prompt and less painful, but that it offers the precious advantage of not requiring such superior skill as the method pursued by Dupuytren, Lisfranc, and Hutin."

62. *Amputation of half the Lower Jaw for Sarcoma, successfully performed.* By M. LISFRANC.—"P. F. V. æt. forty-seven, of sanguineous temperament, and good constitution, entered the Hospice de Perfectionnement, Nov. 9th, 1827, with a sarcomatous tumour, about the size of two large eggs, extending from the left ramus of the inferior maxillary bone, to the symphysis. The gums were affected with a cancerous ulcer, the discharge from which was sanious, and extremely fetid; the lymphatic glands beneath the jaw on the affected side, were considerably enlarged, the integuments entire. Seven months previous to his admission, the patient first noticed a small tumour connected with the bone, about the size of a common pea; this gradually increased, attended with continued lancinating pains, and obstructing both articulation and mastication. M. Lisfranc, prior to the performance of any operation, made a trial of antiphlogistic measures, which dispersed the enlargement of the lymphatic glands, but had no effect whatever, either on the size of the tumour or the lancinating pains experienced in it. Accordingly, on the 26th of November, the disease was removed by the knife in the following manner:—

"An incision was begun in the centre of the lower lip, and carried perpendicularly downwards to the lower margin of inferior maxillary bone, quite through the soft parts covering it. In consequence of the volume of the tumour, it was found necessary to prolong this incision an inch lower down, from which point the knife was continued transversely, as far as within a quarter of an inch below and before the angle of the jaw. The fingers of an assistant had been previously placed on the 'origin' of the carotids to mark their situation, and from the lower border of the chin to the angle of the jaw, the incision was merely carried through the skin and cellular membrane. The dissection of the soft parts from the surface of the tumour was extremely painful, but the flap having been formed, two teeth were extracted, the bone was divided across the ramus by a fine saw with extraordinary facility, and then the symphysis by a common saw; the operator seized the upper part of the tumour with his three middle fingers, the lower with his thumb, and then, by means of slight force, was able to draw down the jaw, and separate it from a great quantity of the tissues attached to it behind. The tumour was found to extend deeply beneath the tongue, and required a very cautious dissection to remove it. The ranine arteries were not wounded, indeed no vessel of any consequence, so that *not a single ligature nor cautery was applied!*

"Three hours after the patient had been placed in bed, M. Lisfranc drew together the lips of the perpendicular incision by the interrupted suture, but did not attempt to unite the transverse portion of the wound, in order that liquids might flow readily. On the 31st, the perpendicular portion had united, and the lower was freely suppurating. On the 15th December, the patient could speak with facility, and was allowed solid food. Saliva continued to flow through the lower wound, and compression was made upon its edges, but it caused too much pain, and was discontinued. M. Lisfranc then placed in the mouth a small sponge to absorb the liquids, and in the course of a few days the wound had entirely cicatrized. The patient was kept in the hospital a month after this, and then departed for the country, the distortion of the jaw being very slight, indeed the deformity was scarcely apparent on wearing a cravat. The patient could articulate distinctly.

"In the remarks upon the case, M. Lisfranc details the appearances observed in patients who have died some time after amputation of greater or lesser quantities of the lower jaw. If the portion removed be small, and taken from the median line, the portions are little removed from each other, and unite like a common fracture. 2<sup>do</sup>. When the ends of bone remain at a certain distance asunder, a very solid fibrous substance like that which unites a badly set patella, is found to intervene between them, and prove a considerable check upon their motion. 3<sup>io</sup>. In cases when the union between the ends of bone is firm, nothing particular happens to the temporo-maxillary articulation, but when, from the action of the muscles, the inferior extremity of the bone is carried inwards, luxation, partial or complete, of the condyle of jaw from the articulating cavity is the consequence."—*Med. Chirurg. Rev. July, 1828, from the Revue Médicale, March, 1828.*

63. *Gun-shot Wound of the Forehead, in which the Ball remained for a long period in the Skull.*—"Baron LARREX lately presented to the Royal Academy of Surgery, the cranium of a soldier, who died of phthisis a few weeks previously. This man received a musket bullet in the forehead, a little above the left eye, in the battle of Waterloo. He fell senseless on the ground, and there he remained, without any assistance, for the space of forty-eight hours. He was then discovered to be alive, and carried to the hospital at Brussels. Various efforts were made to extract the ball, but without success. It appeared to be lodged in the bone, half within and half without the cranium. There were evident symptoms of compression, including paralysis of the right side of the body. Bleeding and the antiphlogistic regimen were rigidly enforced; in process of time the symptoms were mitigated, and he so far recovered as to be sent to Paris. There he got so well as to resume his military duties, and died at last of phthisis, the ball still lodged in the cranium. The only phenomenon that remained, as a consequence of the wound, was the loss of memory in respect to proper names and the names of nouns substantive. The ball is still seen lodged in the bone, partly within and partly without the cranium. The inner table of the skull had evidently been fractured into several pieces."—*Medico-Chirurgical Review, for July, 1828.*

64. *Strangulated Hernia.*—Several of the French journals have spoken favourably of the introduction into the urethra of bougies, medicated with narcotics, as facilitating the reduction of strangulated hernias.

In the *Repertorio di Med. Torino*, for December, 1826, there is related the case of a man *æt.* fifty-two, afflicted with inguinal hernia, who was admitted into the hospital, and the usual means having failed in producing a reduction of the strangulated intestine, Professor Riberi introduced into the urethra a bougie smeared with extract of opium; in a few minutes the pulse became feeble, the skin pale, &c. the professor was enabled to reduce the hernia.

In the *Observatore Med. di Napoli*, for 1827, there is recorded the case of a woman, *æt.* fifty, who had been afflicted for many years with hernia, which be-

came strangulated. Leeches to the anus, emollient cataplasms to the tumour, &c. were employed without relief. Dr. Magliari thinking that the operation might be deferred till the next day, suspended all other means, and ordered an ointment composed of ten grains of extract of belladonna, and half an ounce of lard to be applied to the tumour. The next day the tumour was found to have diminished, and the hernia was in a short time entirely reduced.

65. *Lithotrity*.—Dr. CIVALE presented to the Royal Academy of Sciences a memoir on the results of his mode of operating during 1827, of which the following is the abstract. Of fifty-four supposed calculous patients, thirty were operated on with the lithonriptor, of whom twenty-five were cured, and five still under treatment; in the remaining twenty-four, no stones were found. Among those cured, was a boy of seven years of age, in three operations of ten minutes each. Among the patients treated by Dr. Civile, several had undergone the lateral operation two, three, four, five, and six times.—*Bulletin des Sciences Médicales*, May, 1828.

66. *Lithotrity*.—The commission named by the Academy of Sciences of Paris to award the prizes on medicine and surgery, established by M. MONTEON, decreed five thousand francs to Baron HEURTELoup for the improvement he has made in lithonriptors, and a medal of one thousand francs value to Dr. GRUIT-UISSE as the first to propose the plan of breaking down the stone in the bladder. We make the following extract from their report:—After detailing the objections to this mode of operating, they state that Baron Heurteloup has overcome most of the difficulties. He does not dilate the urethra before the introduction of the instrument. The machine for seizing the stone is composed of four branches which open widely without, and are thus capable of embracing a much larger stone than those before in use. After the stone is seized, the instrument has no motion, being fixed firmly by means of a plate of iron to the bedstead. The mode of seizing the stone is a great improvement; it is well known that when the bladder contracts it presses the stone strongly against its neck, occasioning violent pain. M. Heurteloup has taken advantage of this circumstance, the branches of his instrument opening and being applied against the sides of the neck of the bladder, he permits this organ to empty itself of the water or urine with which it was distended, and hence the calculus is forced between the branches of the instrument, and thus seized without pain or fatigue to the patient.

When once secured, it is broken down at a single operation, by being scooped out till the shell is so thin that it may be crushed by the pressure of the branches. Whilst this part of the operation is performing, all fragments are washed out by means of a double current of water thrown through the instrument. Those fragments which are too large to pass, are afterwards broken by a machine he calls *brisecoque*, which reduces them to powder in a short time. In fact, the plan of Dr. Heurteloup is the most certain, rapid, and safe, and by far the least painful.—*Idem*, June, 1828.

67. *Cancer of the Uterus cured by Injections with Hydrocyanic Acid*.—Dr. BRUNI reported to the Medico-Physical Society of Florence at their sitting of the 9th of March, 1828, the case of a female affected with cancer of the uterus, which had advanced to the last stage, and presented all the symptoms which announced the approach of death. Wishing to try the hydrocyanic acid prepared according to Scheele's process, he dissolved four grains, (denari,) in four pounds of barley water, with which he had injections made into the vagina four times a day, whilst he gave aloes and cicuta internally. At first the injections produced smarting and violent pains; but the patient, after a few days, passed from the vulva some fragments of a membranous and fleshy substance, and the pains immediately commenced abating; she gained strength and flesh, and in five months no sign of disease of the uterus remained, and the menses became regular.

It would be fortunate indeed, if further experience should confirm the conclusions to which this single case would lead. But without being sanguine of such a result, at least the remedy might be worth trying.

68. *Abscess in the cavity of the Meninges, cured by the Application of the Trephine.* By M. Roux.—A boy, aged fifteen, had, for more than four years, a small fistulous opening in the left parietal region, in consequence of the opening of an abscess of the scalp caused by a blow. M. Roux having been consulted, thought that there existed caries of the internal table, and that coma, which occurred when the pus did not flow freely, was owing to the accumulation of pus from this caries. He applied the crown of a trephine upon the fistula, with the intention of facilitating the passage of the portions of caries, or necrosed bone; he then found that caries did not exist; the fistula penetrated the dura mater. This membrane was incised, and he found that there existed an abscess in the cavity of the meninges, which compressed the brain. When the pus was evacuated, he perceived a considerable depression on the middle of the left lobe, but this depression gradually diminished, and finally disappeared. The wound made by the trephine gradually healed, and the patient was cured.—*Journal Général de Médecine, April, 1828.*

69. *Extirpation of a Cancerous Tumour from the Axilla.* By Professor LALLEMAND.—“A shoemaker, aged thirty, of a lymphatico-nervous temperament, and of a weak constitution, born of healthy parents, entered the Hôtel-Dieu, under the care of Professor Lallemand, on the 11th of October, 1827. He had always enjoyed good health until February, 1827, when he felt a severe pain in the whole of the right superior extremity, with a difficulty of moving the member. A tumour of the size of a nut appeared soon after in the right axilla. Emollient cataplasms were applied to it, but it did not diminish in size; on the contrary, it rapidly increased in volume, and the pain in it became lancinating. A fragment of caustic potass applied to it made an opening, which gave issue to pus, and the tumour appeared to reduce a little, but the skin began to change. The patient went to the hospital of Lyon, where he used injections of chloruret of lime, and had a portion of the skin removed. When he entered the hospital of Montpellier he was in the following state: his general functions went on regularly; he was very lean, and felt slight shiverings at intervals. A tumour of the size of an orange occupied the arm-pit, and extended from the fifth or sixth true rib up to the clavicle; a great part of it was uncovered by skin; the skin covering the rest of the tumour was loose and everted, of a red colour. This gave M. Lallemand an opportunity to examine the state of the parts. By introducing his forefinger, he found that the tumour extended high up, but that the cellular tissue uniting it to the neighbouring parts was loose, and that it was thus quite isolated. Having discovered the nature of the tumour, M. Lallemand set about removing it on the 8th of October. He made an incision of the skin along the anterior boundary of the axilla just to below the clavicle, and divided successively the two pectoral muscles, which were very vascular. The vessels were secured immediately after being divided. When the division of the great pectoral was made, there occurred hæmorrhage, accompanied by a noise like that of a tap when turned open. It was supposed at the moment, owing to the force of the hæmorrhage and the noise which attended it, that the axillary artery had been divided; but it was soon discovered that the blood came from the acromial artery, or *thoracica humeraria*, which was very voluminous, and which arose very near the origin of the axillary artery. The tumour was then detached anteriorly from the surface of the pectoral muscles. This part of the operation was rather difficult and protracted. M. Lallemand at last arrived at the axillary artery; he dissected very carefully round this vessel, and applied a ligature loosely round it, close to the clavicle, in case it should be injured in further proceedings. One part of the tumour was situated before, and another behind, the axillary plexus; and the deepest part extended be-

tween the subscapular and great serratus muscles. The plexus was dissected as if it had been for an anatomical demonstration. The tumour was entirely detached; two small glandular bodies of a suspicious character, which still remained, were removed.

"The wound having been dried, three points of suture were used, and the parts were brought into perfect contact. The arm-pit was filled with lint, which were secured by compresses and a bandage. The tumour was of a lardaceous texture, soft in many parts. The patient recovered, without any untoward accident: the wound had completely cicatrized on the thirty-third day after the operation."—*London Medical and Surgical Journal, August 1828, from the Clinique de l'Hôtel Dieu de Montpellier.*

70. *Amputation of the thigh at the Hip joint.*—M. DELPECH, professor at Montpellier, communicated to the section of surgery, two cases, in which he performed amputation of the thigh at the hip joint, with success. The operations were performed at the Hospital Saint Eloi of Montpellier. The first case was that of a young man who had necrosis of the femur, with numerous fistulous openings; the second was a man with comminuted fracture of the thigh, and considerable abdominal disorder; the extremity of the inferior fragment passed considerably above the extremity of the superior, and a considerable mass of flesh was interposed between the fragments; the usual attempts were made to effect a coaptation and consolidation of the fragments, but in vain. M. D. commenced the operations by tying the femoral artery, he made a single flap, (at the internal side of the thigh,) closed the wound with sutures, and effected a union by the first intention.

M. Larrey agrees with M. D. in the general principles of the operation, but he prefers making two flaps, an internal and an external one. M. Roux is of opinion, that each of these plans may possess advantages in different cases.—*Journal Général de Médecine, June, 1828.*

71. *Staphyloraphy.*—During eight years, since M. ROUX has resorted to this operation, forty individuals have submitted to it. In nineteen, the division did not extend beyond the soft palate; six only have not been cured. In the remaining twenty-one, the congenital division extended to the arch of the palate; of these, nine have been cured by the operation, and the remainder have been placed in a condition to wear an artificial palate.—*Idem, April, 1828.*

#### MIDWIFERY.

72. *Case of Rupture of the Uterus, and of the Safe Delivery of the Woman by the Caesarian Section.* By DR. LUDWIG FRANK.—In our third number, p. 222, we adduced some cases of ruptured uterus, terminating favourably, with a view of controverting the opinion of Dr. Hunter, that in such cases, any attempt to relieve the woman was cruel. The following case furnishes additional testimony to the same effect. A woman, æt. 44, a native of Parma, and the mother of five children, was taken in labour of her sixth child at the beginning of the ninth month of pregnancy, August the 9th, 1817. A midwife was called, who afforded her the necessary help; but as the patient was standing up, she was suddenly seized with vomiting and faintness, and was therefore immediately conveyed to bed by the midwife and attendants. At the instant she was laid on the bed, she felt something give way in the abdomen, and then, to use her own expression, it appeared to her as if there were two children in the womb. Under these circumstances, a surgeon was sent for, who recommended to her rest, as he conceived the sensations of the woman arose from the motions of the fœtus during the act of vomiting. But the midwife, finding that the abdomen was more and more distended, that the vomiting continued, and

the breathing was difficult and interrupted, sent for Dr. Joseph Rossi, professor of midwifery. Professor Rossi, on a minute examination, decided that the uterus was ruptured; and after consulting with his father, Dr. Francis Rossi, and other practitioners in the town, he, in common with his colleagues, decided that the Cæsarean operation was absolutely indicated in the present case. The operation was performed two hours after the rupture of the uterus is supposed to have taken place, by Professor Cecconi, in the presence of the two Drs. Rossi, Professor Pizetti, and others. The incision was made on the left side of the abdomen, just in the spot where the feet of the child could be felt. After the incision was made, the feet immediately presented themselves to view; and the living child, together with the placenta, were then removed. Forty days after the operation, the patient was perfectly restored, and able to walk out. Her menses some time after this appeared; and in the space of three years from this period, the same woman was delivered of a seven month's child, which lived fourteen days. Over the spot where the incision was made in the abdomen, a cicatrix of the size of an apple remained, which, although it could never be completely healed, caused the patient very little inconvenience.

Two cases similar to the above occurred to M. Lambron, in Orleans. In the one case he performed the operation eighteen hours, and in the second, two hours after the rupture of the uterus.—*Vide Art. Rupture de l'Uterus, in the Dict. des Sc. Méd. Vol. XLIX. p. 255.—Salzburger Medic. Zeitung. Feb. 1825.*

73. *Expulsion of the Placenta, Four Months after Delivery.*—A woman was delivered in January of a dead child, in which putrefaction had commenced in different parts of the body. The midwife made many useless efforts to extract the placenta; she pulled so hard indeed by the funis as to break it off. The placenta still remained in the uterus. The cervix uteri closed, and neither uterine pains nor any discharge indicated the probability of the expulsion of the after-birth. The woman enjoyed a perfect state of health till the following May. Slight pains and a sanguineous discharge then appeared. These symptoms lasted but a short time, and again returned. They were now more severe, and were followed by the expulsion of the placenta, the presence of which in the uterus, during so long a period, had been productive of no inconvenience.—*Gemeine deutsche Zeitschr. für. Geburtshunde.*

74. *Pregnancy, with Cancer of the Cervix Uteri.*—Dr. LAUBREIS, a practitioner in Bavaria, has related two cases of this nature: the first proves that conception may take place, if the full term of utero-gestation be completed, notwithstanding the presence of carcinoma of the neck of the uterus, provided it be not far advanced. In the second case, the schirrous was far in the ulcerative stage before impregnation took place, and the woman miscarried at the end of the third month, and died, by which an opportunity was afforded of examining the parts.—*Bulletin des Sc. Méd. March, 1828, from Journal für Geburtshilfe, &c. Tbm. VII. 1827.*

75. *Detachment of the Placenta by injection of the Funis.*—In our third Number, page 223, we noticed this method of detaching the placenta, and laid before our readers the evidence that could at that time be collected with regard to its utility. Since that period the practice has attracted considerable attention and as far as we can learn, has been found useful. In *Russ's Magazine* a case is related by Dr. Hoffman, in which, after the delivery of the child the placenta remained adherent, the os uteri contracted, the uterus and abdomen enlarged, while the paleness, faintness and loss of pulse indicated internal hæmorrhage. The injection of some warm water and spirits, was in one minute followed by the contraction of the uterus and subsequently by the expulsion of the placenta. The patient recovered rapidly.—*Vide Journal des Progrès, Vol. IX.*

Two cases are recorded in the *Nouvelle Bibliothèque Médicale, for April last*, by M. Duparque, in which this means was employed with success.

In January last M. Legras presented to the Medical Society of Paris, a long memoir on this subject, illustrated by cases, which was very favourably reported on by a committee consisting of MM. DUCHATEAU, CHAILLY, and GENDRIN. The committee close their report with the following observations. "The author, (M. Legras,) has endeavoured to restrict himself to actual experience, and he appears to us to have demonstrated by facts the safety in all cases, of injections into the vessels of the chord after the birth of the infant, their efficiency in causing a separation of the placenta, in arresting hæmorrhage from a partial detachment of this body, and finally in stimulating the uterus in cases of inertia of this organ. The views we have taken, and the experiments we have reported conduct also to this important practical fact, that the effect of the injections can be regulated by graduating the temperature and quantity of the fluid injected, by rendering it more or less styptic, and by augmenting at pleasure the impulse by which it is thrown into the vessels. If a few ounces of fresh water be adequate for the separation of the placenta in ordinary cases, it would be imprudent to trust to this quantity in dangerous hæmorrhages from partial detachment of the placenta with absolute inertia of the uterus. In such cases we should rapidly fill and distend the placental vessels, so that the cold and styptic fluid should be driven even to the uterine surface by thus forcing it to exude from the placenta." The memoir and report are published in the *April No. of the Journal Général de Médecine*.

#### MEDICAL JURISPRUDENCE.

76. *Sulphuric Acid detected in the Fetus of a Woman who poisoned herself with Sulphuric Acid.*—A woman, at the last period of pregnancy, poisoned herself with concentrated sulphuric acid. She kept it secret until the moment of her death. The last efforts of nature were exerted to give birth to the child. Upon examination of the body of the infant, sulphuric acid was detected in the cavity of the pleura and peritoneum, and also in the heart and bladder. Its presence was also ascertained in the liquor amnii.—*Gemeins deutsche Zeits. &c.*

77. *Poisoning by Sulphuric Acid.*—In October, 1826, a young woman attempted to swallow three ounces of the sulphuric acid of the shops. The greater part of the acid was, however, rejected, and, according to her own account, only two or three spoonfuls went fairly down her throat. Her vomitings, cries, and convulsions, attracted the neighbours, who endeavoured to give her water to drink, but in vain, as she could not swallow. In the evening a physician was called to her assistance, who recommended leeches to the throat, and fomentations to the epigastrium; but the one produced no relief, and the other was insupportable. The wretched patient suffered inexpressible torture, and could only swallow a few spoonfuls of drink. It was on the fourth day from the accident that Dr. Lebidois saw the young woman. She was lying on her back, the lower limbs rigid, face pale, countenance sunk, tongue soft, moist, and white, as was the palatine arch; but the uvula and velum pendulum were of a deep red colour. She complained of severe pain in the tract of the œsophagus, augmented by pressure, or any attempt to swallow, cough, or even speak. The epigastrium was extremely sensible to pressure. The ingestion of the smallest quantity of fluids into the stomach caused nausea, and efforts to vomit. The abdomen was soft, and of natural temperature, pulse feeble, respiration slow, the lower extremities cold, intellect unaffected. In the course of the following days the symptoms became mitigated, and she could swallow some spoonfuls of broth; but emaciation advanced rapidly, without any febrile movements in the system. A troublesome cough now came on, and she sunk on the fifteenth day from the accident.

On dissection, the internal surface of the œsophagus was of a cherry red.  
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ness, and its structure so soft, that it was easily lacerated by the fingers. In the stomach there were various appearances, as long stripes, of a deep red colour—several spots where the mucous membrane was destroyed, and red granulations sprouting up. Near the pylorus, there was a gray membraniform layer, like that which covers an old blistered surface, beneath which, the mucous tissue was of a vivid red colour. The small intestines were of a violet colour, contracted, and containing only bile and mucus. The large intestines were empty, and rigidly contracted. The heart was very large—nearly twice its natural size—marks of engorgement and inflammation in the lungs—nothing extraordinary in any of the other viscera.

The principal object which Dr. Lebidois appears to have in view, in the publication of this case, is to show the remarkable want of febrile symptoms in a most intense gastro-enteritis. If, as the school of Broussais maintains, the phenomena of fever be owing to irritation or inflammation of the mucous membrane of the stomach and bowels, how is it that we had none of these phenomena present when the said membrane was intensely inflamed, and, in many places, destroyed? But then it is to be recollected, that inflammation of the stomach and bowels, resulting from general causes, as those of fever, applied to the constitution at large, is a very different thing from that phlogosis, which results from a direct local application of irritating or poisonous substances to the stomach itself. In the first case, the morbid agents, (say marsh miasma,) have acted on the nervous system, and reached the point of producing inflammation of the gastro-enteritic lining—in the other case, the local irritation acts at once on the stomach, and may not produce great constitutional disturbance in particular individuals.—*Archives Générales.*

78. *Experiments serving to determine the Question, whether, in cases of Poisoning, it is possible to discover the nature of the Poisonous Substance, even a long time after death.* By MM. ORFILA and LÉSEUR.—“These experiments, which appear to have had for their foundation judicial questions proposed in certain obscure cases of poisoning, have been conducted with equal patience, perseverance, and ability. The distinguished authors were aware that their difficulties would increase the farther putrefaction was advanced; and also that it would be much more easy to detect mineral than vegetable poisons, since these last lose their chemical properties by decomposition. Nevertheless, they have arrived at this remarkable conclusion—that if animal matters, mixed with a mineral poison, are immersed in a liquid, it is impossible, after a certain time, to recognize the poison in the liquid—but that it is decomposed, combined with the animal matter, or precipitated in the form of a powder, or magma; whilst vegetable poisons are always discovered in the liquid, and are only decomposed in part. MM. Orfila and Leseur instituted two sets of experiments:—1. Mineral and vegetable poisons, in large and small doses, dissolved in about a pint of water, were mixed with animal matter, and exposed, in vessels with large mouths, to the open air, for ten, fifteen, and eighteen months;—the water was renewed in proportion as it evaporated. 2. The same poisons, mixed with alimentary matter, such as albumen, meat, gelatine, &c. were enclosed in stomachs and intestines, which were placed in deal boxes, and buried in the earth to the depth of two feet and a half. After the lapse of several months, these boxes were opened, and their contents analyzed. On the other hand, in order to ascertain up to what period after death vestiges of the intestinal canal could be traced, dead human bodies were buried in deal coffins to the depth of four feet and a half, and disinterred one month, six months, ten, or even seventeen months afterwards. From these experiments, which are not yet concluded, it appears that even some years after death, and when no other remaining soft part is cognizable, that, on the sides of the vertebral column and in the abdomen, there is to be found a kind of brownish paste, or grease, which is evidently the remains of the digestive canal and in which part the poisonous substance may

be found, either altered or in its natural state. The results of the experiments are as follow:—

*“Sulphuric Acid, 1st concentrated.”*—It is possible to distinguish its presence many months, or even years, after its mixture with animal matter. 2dly. *Very weak*, and mixed with substances which, during putrefaction, having given out a good deal of ammonia, it is saturated by this alkali, so as to leave little or no free acid at the end of a few months. In this case, the probability of poisoning is very weak; but if a certain quantity of free acid remained, its existence would be proved with certainty by treating the liquid with pure sub-carbonate of lime.

*“Nitric Acid, 1st concentrated.”*—This is cognizable several months after its mixture with animal matter, and whilst putrefaction is at its height. To succeed, recourse must be had rather to potash than to metallic copper. 2dly. *Weakened* with water, and used in small quantity, being actively saturated by ammonia resulting from the decomposition of bodies, the existence only of nitrate of ammonia can be proved; which, as it may result from putrefaction alone, does not necessarily imply poisoning.

*“Arsenious Acid.”*—It is possible to detect the presence of this acid even after the lapse of some years: nevertheless, to succeed in this, it must be freed from the greater part of the animal matters with which it is mixed, by evaporating to dryness the liquor containing it, and by shaking, for several minutes, in boiling distilled water, the product of the evaporation. If the arsenious acid has been employed in the solid form, it is not impossible, even a long time after interment, to discover here and there small grains, which, being detached by the help of a penknife, will present all the characters of this poison. Finally, as in process of time, it becomes changed into arsenite of ammonia, it may happen that, after the lapse of some years, it may not be possible to discover it, because the arsenite being *much more soluble* than the arsenious acid alone, may have passed through the holes of the coffin, or filtered through the wood. Employed in a large quantity, this acid arrests the process of animal putrefaction.

*“Corrosive Sublimate.”*—This poison, dissolved in water, is very easily decomposed by animal matter; so that it is not possible, after some days, to demonstrate its presence in the liquid, otherwise than by means of a plate of gold, and one of tin, assisted by the action of the hydrochloric acid. The more animal matter employed, the more sublimate will be decomposed. It does not appear, however, that they can decompose the whole of the sublimate; since, by the assistance of the plate of gold, it has been possible, at the end of *many hours*, to produce *an atom* of metallic mercury from a solution of six grains of sublimate mixed with a *great quantity* of animal matter. In every case, by treating these matters, which having decomposed the sublimate, with heat and with potash, it is possible to produce metallic mercury, even several years after the sublimate has acted upon them, therefore, if the presence of this metal does not prove the existence of sublimate, it proves, at least, the presence of some mercurial preparation.

*“Tartar Emetic.”*—This, mixed, with animal matter, is decomposed in a few days; so that the tartaric acid is destroyed, and the oxyd of antimony precipitated. It is, then, impossible to detect it by the reagents usually employed; but metallic antimony may be obtained from the animal matter even after the lapse of some months. The above alteration is rather the action of water and air upon the salts, than of the animal matters; for experiment proves, that a solution of three grains of tartar emetic in one pint and a half of distilled water, exposed to the air, undergoes the same decomposition; and that it is no more possible to recognize the presence of this salt at the end of thirty or forty days, than if gelatine or albumen had been added to it.

*“Acetate of Lead.”*—Experiment proves that it is not in the liquid in which it has been dissolved that this salt is to be found, if it has been in contact with animal matter; for it needs only the lapse of a short time, and not a single *atom* remains in the solution: but a certain quantity of metallic lead may be obtained

by drying the blackish-gray precipitate and the animal matter, and calcining them in a strong heat.

*"Proto-hydro Chlorate of Tin.*—Very little time elapses before the animal matter decomposes a watery solution of this substance. It is obtained by drying separately the intestines, and a grayish flocculent matter which is precipitated. By calcination the metallic tin is produced.

*"Sulphate of Copper.*—By mixture with animal matters, the deuto-sulphate of copper in solution, is decomposed so entirely, that, after a certain time, not any remains in the liquor. Nevertheless, this decomposition is not so rapid that a portion of the salt may not be found in solution after the lapse of a few months, if the operation has been performed with a few drachms of the deuto-sulphate; but in every case where the salt of copper cannot be found in the liquid, take the solid matters and heat them with charcoal to obtain the metal, whilst another portion of the charcoal should be heated with nitric acid, to obtain the nitrate of copper.

*"Verdigris.*—By remaining in contact with animal matter in the earth, it decomposes itself, and the deuto-oxyde of copper forms, with the fat of the dead body, a sort of soapy matter insoluble in water. In a case of poisoning by this substance, it would be possible to demonstrate the presence of deuto-oxyde of copper, by means of hydrochloric acid and calcination, many months, or even many years, after interment.

*"Nitrate of Silver.*—This substance, when dissolved, is rapidly and completely decomposed by animal matters; so that it would be necessary to endeavour to reproduce the metal from the solid substance, if called upon to pronounce upon a case of poisoning by this metal. By drying and calcining separately the intestines and a brownish flocculent precipitate which was formed in the experiment, metallic silver was produced.

*"Hydro-Chlorate of Gold.*—The same result as in the preceding case.

*"Acetate of Morphia.*—1. In a case of judicial disinterment, it is possible to detect the presence of this salt several months after death, or of morphia simply. 2. In order to do this, not only must the liquids be acted upon, but the suspected solid contents; because, if the poisoning had been accomplished by a watery solution of the acetate of morphia, this might have been decomposed, and the morphia partly precipitated. 3. Less morphia would, in truth, be precipitated than might be supposed, because part that had been decomposed would be redissolved by the ammonia formed during putrefaction. It is already known that in precipitating morphia in a weak solution of the acetate, by means of ammonia, it is sufficient to agitate the precipitate for a few moments, and in a mixture of water and ammonia, to redissolve it. 4. To obtain the morphia existing in the solid parts, these parts must be treated several times with alcohol; then, evaporating the solutions, treat the product with water mixed with acetic acid;—without this precaution, it would be difficult to separate the morphia from the fat of the dead body, which is formed abundantly when the body is in the earth. If, by chance, the liquid should be coloured, the colour may be removed by heating it with animal carbon purified, or by filtering it several times through that substance, without having recourse to the subacetate of lead, or hydro-sulphuric acid, which, to say the least, is useless. 5. It is easy to see, in comparing the action of nitric acid, and of the trito-hydro chlorate of iron, upon the substances that have been the subject of experiment, that the nitric acid has constantly reddened them, even when slightly coloured, whilst the salt of iron has only given them a blue tint when they were before perfectly colourless; and in some cases it has produced a reddish colour, although the matters were colourless. 6. It would be rash to pronounce *affirmatively*, in a judicial inquiry, that poisoning by a preparation of morphia had taken place, only because the blue and red colours had been observed: these would form merely a slight presumption. 7. This would not be the case if crystallized morphia could be obtained, (as in the experiments,) insoluble in water and ether, soluble in alcohol and in nitric acid, fusible in a gentle heat, and possessing, in short, all

the known characters of that substance; then it might be affirmed that the matter so treated was morphia.

*Hydro-Chlorate of Brucine.*—It is possible to prove the existence of this salt and of brucine in the digestive canal many months after death; but, as in the former case, mere colour cannot be relied upon, but the substance itself must be produced.

*Acetate of Strychnine.*—Detected many months after death, when mixed with animal matter, even though the mixture has been exposed to the air.

*Hydrocyanic Acid.*—From the experiments of M. Lassaigne, it is proved not to be possible to demonstrate by chemical means, small quantities of this acid three days after death. The disappearance of the poison depends upon its decomposition.

*Opium.*—1. The morphia existing in opium is not changed by its contact with animal matter, any more than the acetate or any other salt containing it. 2. It is much more difficult to prove the existence of opium when introduced into the stomach of a dead body, than merely a salt of morphia. 3. In any case, it is not possible to pronounce *affirmatively* upon a case of poisoning by opium, but by recognizing all its chemical and physical properties. This is not impossible to be done several days after death; but it may not be so easy to prove that the poisoning has taken place by mere opium, by morphia, or by one of its salts.

*Cantharides.*—An intestine contained a drachm of cantharides, powdered and mixed with meat and the white of an egg, were disinterred at the end of nine months: the matter contained in it was converted into the fat of dead bodies, and here and there was seen by the naked eye a multitude of shining points of a beautiful green, formed by the powder. By treating the mass with boiling water, the fat was melted, and came to the surface in the form of a layer of oil, whilst the bright particles fell to the bottom; these possessed all the properties of cantharides.

"The memoir is terminated by a question proposed by the authors themselves—viz. whether the same results would ensue in the dead body if poisoned during life? They answer, yes; if at the moment of death there remained a quantity of the poisonous substance in the intestinal canal, appreciable by chemical means. The chief point is to know whether *this quantity*, which the experimenter could discover twenty-four hours after death, could be detected ten, fifteen, or twenty months after interment; and they regard this possibility as placed beyond a doubt, by their experiments."—*London Medical Gazette*, Vol. II. No. 34, from the *Archives Générales*, May, 1828.

## CHEMISTRY.

79. *White species of Ipecacuanha.*—This has been analyzed by M. VAURELIX, and found to contain the same principles as the common species, but only half the quantity of emetine.—*Journal de Pharmacie*.

80. *Analysis of a specimen of Cutaneous Perspiration.* By J. BOSTOCK, M. D. —The quantity obtained was four ounces. "It was of a dingy brown colour, was somewhat opaque, without odour, and did not appear to be either viscid or tenacious: its specific gravity was 1.0117; it was very slightly alkaline. After standing at rest for twenty-four hours, it began to deposit a flocculent precipitate, which appeared to consist principally of fibres of wool or cotton, derived, as we may presume, from the clothes or bedding on which the perspiration had been deposited; after the separation of this substance the fluid was left nearly transparent, although the colour was not much changed: 500 grains of the fluid were exposed to the atmosphere in a shallow capsule: it underwent no perceptible change for several days, but at length the colour became deeper, and a

small quantity of brown matter adhered to the sides of the glass; at the same time it had acquired a slightly putrid odour. As the evaporation continued, a mass of crystals was gradually formed, which in the centre were well defined cubes, nearly without colour, surrounded by an imperfectly crystallized margin, mixed with a portion of extraneous matter. The capsule was then kept for some time at a temperature of  $200^{\circ}$ ; the residuum, when completely dried, amounted to 8.4 grains, indicating very nearly 1.7 per cent. of solid contents in the fluid. A second portion of the fluid, without previous exposure to the atmosphere, was evaporated at a temperature of  $200^{\circ}$ , until it appeared to be completely dried, when the amount of the residuum was found to be 1.32 per cent." On analysis it was found to consist of water 981.7—animal matter 4.6—muriate of soda 12.56—soda 1.14—phosphates and sulphates, a trace. Total, 1000.00.

The animal matter was found to be partly soluble and partly insoluble in alcohol. The alcohol being evaporated, afforded a residuum manifesting a certain resemblance to urea, being apparently intermediate in character between this substance and osmazome. The part which was insoluble in the alcohol, resembled most nearly the substance which forms the principal ingredient of the serosity of the blood. There was a very minute and scarcely appreciable portion of albumen, but no jelly.

A comparison of this analysis with the account given by Marcet and Berzelius of the composition of the serum, it appears that the perspiration in this case diffused from the serum of blood in the smaller proportion of the solid contents generally, and especially in the almost total absence of albumen; while it agrees with it in containing a considerable quantity of muriate of soda, a portion of uncombined soda, and a quantity of animal matter, which is similar to that contained in serosity. It must therefore be considered as essentially belonging to the class of serous fluids. The account given by Dr. Bostock of the perspiration agrees essentially with that of Thenard and of Professor Berzelius, except in one particular; both the latter found it to contain an uncombined acid.—*Médecino-Chirurgicale Transactions, Vol. XIV.*

#### MISCELLANEOUS.

81. *Seven Epileptic patients destroyed by excessive doses of the hydrocyanic or Prussic acid, prescribed by the physician of one of the principal hospitals in Paris.*—M. A. N. GEBURIN, has published in the *Journal Général de Médecine, de Chirurgie et de Pharmacie Françaises et Etrangères*, for June 1828, a detailed and highly interesting account of this affair. He states that M. Ferrus, physician to the Bicêtre, having in his private practice administered the Prussic acid with much advantage to patients with epilepsy, determined upon testing its effects upon a more extensive scale. He had been in the habit of exhibiting it in the form of syrup obtained from the shop of M. Pelletier, where it was prepared after the manner directed by Majendie in his formulary. The dose of this syrup which M. Ferrus commenced with, is that stated in the formulary as a medium, that is to say, half an ounce. Having chosen as the subject of further experiment fourteen epileptics, all between the ages of fifteen and thirty years, he prescribed for each the syrup of hydrocyanic acid, which medicine not being in the shop attached to the hospital, was procured from the *Pharmacie central des hôpitaux*. So much was he convinced from his former experience, of the safety with which this medicine might be given, that it is said he wished at first, to begin with an ounce at a dose, but upon being told by the apothecary of the institution that they had never exceeded a much smaller quantity, M. Ferrus contented himself with directing his ordinary dose of half an ounce. In conformity to the prescription of this physician, on the 17th of May, half an ounce of the cyanic syrup mixed in four ounces of the tisan of "*Chiendent*" was exhibited to each of

the epileptics. The person charged with this duty had already administered the medicine to seven patients, and was preparing to give it to others when his attention was directed to one of them, who appeared to be suffering very much. Retracing his steps he found the first patient already dead, the second expiring, and the third showing symptoms of the poison. In about fifteen or twenty minutes the seven patients were all dead!!

The effect of such a catastrophe in such a grand establishment as the Bicêtre, may be readily conceived. The noise quickly spread abroad, and reaching the ears of the judicial authorities, an inquest was immediately instituted at the instance of the *procureur* of the king.

M. Gendrin has very properly remarked, that the causes which led to this event merit a place in all the periodical works devoted to medicine, if it be for no other purpose than to prevent the occurrence of similar accidents. From his statement we draw the following particulars. A decree of the parliament of Paris, renders it obligatory upon all apothecaries in the kingdom, to regulate their officinal preparations in exact accordance with the formulas given in the *Codex medicamentarius*, or established Pharmacopœia. But this law has never been rigorously enforced, as the codex has been generally considered by the most intelligent of the profession as one of the worst of formularies. The cyanic syrup sent to the Bicêtre was prepared after the following direction in the codex:

R. Syrupi simplicis 9 partes.  
Acidi hydrocyanici 1

Misceantur intime et excipiantur laguncula probe obturanda.

According to this prescription, the Prussic acid constitutes a tenth part by weight, so that each of the patients must have received in half an ounce of the syrup, nearly a drachm of the acid.

The preparation of Majendie, which M. Ferrus had been in the habit of prescribing in his private practice, and which is the only form of the medicine, to be found in all the apothecary shops of Paris, where the codex is never followed, contains but a one hundred and twenty-ninth part by weight of the Prussic acid, the formula directing  $\mathfrak{z}\mathfrak{j}$ . of the hydrocyanic acid to be mixed with  $\mathfrak{ss}$ . of simple syrup. Thus half an ounce of Majendie's preparation contains only two grains and twenty-four parts of a grain of the Prussic acid, whilst, as has been shown, that made by the directions in the codex contains nearly a drachm.

After a detailed exposure of the errors existing in the codex in regard to cyanic preparations, and the fatal consequences related as having resulted from the adoption of different formulas, M. Gendrin warns physicians against adopting any officinal preparation of a poisonous medicine, an error in the preparation of which might lead to fatal consequences. Whether it be the Prussic acid, the nux vomica, or any other poisonous article, that is to be given, it should always be added in substance to the quantity of the recipient required for its proper dilution. Thus with the Prussic acid, no accident would occur, if to a certain quantity of syrup there were added a certain number of drops of the acid, blended with six parts of water, as directed by Majendie. And there would be still less risk if the cyanure of potassium were prescribed in substance in the dose of a quarter or third of a grain.

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82. *Encyclopedial Dictionary of the Medical Sciences*.—The Professors of the Medical Faculty of Berlin have commenced the publication of an Encyclopedial Dictionary of the Medical Sciences. It is to be completed in six years, and will consist of twenty-five volumes, thick octavo. The first volume has already been published, and is spoken highly of: it has been forwarded to us, but has not yet come to hand, we cannot therefore of course notice its merits, but from the talents engaged in the work, we feel assured that it will constitute a highly valuable contribution to our science.

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83. *Institute for the Blind at Copenhagen*.—This institution was founded in 1811,

and possessed in 1826 a fund of 50,000 rix dollars. The number of blind in Denmark proper were nine hundred and seventy-six, of which thirty-eight were in Copenhagen, two hundred and fifty-six in the island of Seeland, one hundred and sixty-one in the islands Fionia, Laland, and Falster, four hundred and fifty-six in Jutland, and fifty-six in Alsens and Arron. Of this number fifty-one were received in the institution.—*Bulletin Med. Sci. June, 1828.*

84. *Yellow Fever.*—The commission named by the Academy of Sciences of Paris, to decree the prizes on Medicine and Surgery established by M. Montyon, awarded that of 10,000 frs. to Dr. Chervin for his researches on yellow fever. We make the following extract from their report. In the year 1814, Dr. Chervin began his researches at Guadaloupe, and not content with visiting every patient affected with yellow fever that he had access to, he made autopsical examinations on more than five hundred bodies, in fifteen months, at Pointe-a-Pitre, but this was not enough to satisfy him, he continued his researches in America for eight years, visiting every place in which the yellow fever appeared, traversing in this time not less than thirty thousand leagues. On his return to Europe, the fever was raging in Spain, and he immediately repaired to that country, and visited every place infected with the disease, the result of all his observations go to prove that yellow fever is not contagious; this opinion is strengthened by the opinion of five hundred out of six hundred and thirty American and Spanish physicians, whose answers to his questions he is now in possession of.—*Ibid.*

85. *Vaccination.*—In France, in 1825, 587,948 children were born, of whom 378,500 were vaccinated. 25,571 persons had the small-pox, of whom 2245 were disfigured and crippled, and 5369 died.

In the Neapolitan dominions in 1824, 221,936 children were born, of whom 67,974 were vaccinated.

In the Austrian Dominions.		Vaccinated.	Successful.	Spurious.	Unsuccessful.	Unvaccinated.	Small Pox.	Varicell.
Lower Austria - -	1822	28,035	26,532		1,503	14,449		
	1823	27,604	26,244		1,360	15,722		
Moravia and Austrian								
Silesia - - - -	1823	67,669	64,920	1,175	1,574	13,818		
Gallicia - - - -	1823	136,830	127,167	2,748	6,912			
Styria - - - -	1824	21,292	20,358	333	601	13,124		
Croatia - - - -	1824	20,172				9,598		
Military frontier -	1824-5	14,295			350	14,695	13,486	450
Maritime frontier -	1824	15,672	15,096	94	842	4,469		
Transylvania - -	1824	46,857						
Gallicia - - - -	1824	150,116	140,134	3,744	6,233	1,456		
Bohemia - - - -	1824	116,520	109,116	2,400	4,995	11,450		
Tyrol, &c. - - -	1823	22,048	21,054	228	766	9,063		
Lower Austria - -	1824	29,322	27,877		29,416			

86. *Secondary Symptoms of Syphilis after various modes of treatment.*—"An interesting comparative statement has lately been published in Sweden upon this subject. In the hospitals of that country during the year 1822, 3574 patients were treated; in 1823, 3465; in 1824, 3355; in 1825, 3337; in 1826, 3254; making altogether, 16,985 venereal patients in five years. Of this number 39½ per cent. were trusted solely to strict dietetic rules, and six weeks were generally found sufficient for the cure, if the symptoms were not very severe. Secondary symptoms happened in the proportion of 7½ per cent. The mercurial treatment was adopted in 49½ per cent. Of cases of secondary symp-

toms, there were 14 per cent. The fumigatory treatment by cinnabar, was employed in  $6\frac{1}{2}$  per cent. The relapses were as 22 to the hundred. Local, and other modes of treatment, were ordered for  $5\frac{1}{2}$  per cent., and of these 7 per cent. had after symptoms.

Calculations made upon such a scale are highly valuable, and must tend to settle the discrepant opinions of practitioners upon the comparative merits of the various modes of treating syphilis.—*London Medical Gazette*, Vol. I. No. 26, 1828.

87. *Anatomical Collection at Breslau*.—This is one of the most complete in Europe, it consists of eight thousand articles, of which six thousand are due to the labours of Professor Otto.—*Bulletin des Sciences Medicales*, March, 1828.

88. *Prize of Experimental Physiology*.—The Royal Academy of Sciences on the 16th of June last, awarded a gold medal to Dr. Dutrochet, for his discovery of the phenomena, to which he has given the name of endosmose and exosmose.

## AMERICAN INTELLIGENCE.

*On Dengue*. By ISAAC HAYS, M. D. &c.—In our preceding number we published the first account\* that had appeared of a very widely prevailing epidemic, to which the names dengue, dandy, bouquet, rheumatismus febrilis, &c. have been given, and in the present number will be found an interesting account of the disease, as it appeared in Charleston, S. C. by Professor Dickson. We propose, in this place, to present such further particulars respecting this epidemic as have come to our knowledge, and, as we think, will prove interesting to our readers.

The disease seems to have made its first appearance in the Caribbean Islands, in the latter end of the year 1827, to have extended westward among the islands during the winter, and also to have spread to the ports on the Gulf of Mexico; thence it appears to have travelled north—for the ensuing spring it prevailed in New Orleans, and during the summer we find that Savannah and Charleston were severely visited by it. We have no evidence in our possession of its having extended north of this latter city. It is true, it has been said to have appeared in New York, and some cases are reported to have occurred in Philadelphia, but it certainly has not prevailed to any extent in the former city, and the few cases that were supposed to be dengue, and which have appeared in the latter, were, we suspect, only ordinary cases of rheumatism.

The epidemic made its appearance in the Island of St. Christopher, in the latter end of December, 1827. The disease commenced, according to Mr. Squar† with “very violent head-ache, severe pain in the temples, shooting towards the forehead; frequently it was situated in the back of the head, stretching towards the neck and shoulders, which was one of its most painful positions, as the least motion created great agony, and it was difficult to find an easy posture for the head. There frequently was a painful sensation as if the head were drawn down towards one side or another; pain, or, at all events, a disagreeable sense of stiffness, was felt in the eyes, especially when moving them from side to side, or raising them upwards: the patients expressed it, by saying the socket felt as if it were too small for the eyeball; frequently the eyes felt painful to the touch; the adnata was slightly tinged with red vessels.

“Shooting pains were at the same time felt in the back, loins, and thighs, particularly immediately over the knees, which soon became fixed and uncom-

\* Account of a Disease called Dengue, &c. By G. F. Lehman, M. D. &c. Vol. II. p. 477. et seq.

† Paper on a singular description of disease, which prevailed in the island of St. Christopher, in the latter end of the year 1827, and beginning of 1828. By John Squar, Esq. Assistant Surgeon of the Ninety-third Regiment.—*London Medical and Physical Journal*, July, 1828.

monly severe: the same thing took place in the arms, forearms, wrists, fingers, knees, ankles, and feet, causing lameness; the calves of the legs were similarly affected.

"A roseolar eruption came out early in the disease, which covered the wrists and extended up the forearm: it spread over the backs of the hands; the ankles and feet were in the same state; it was sometimes elevated in large wheals, and when it affected the neck, it was extremely painful: the hands and feet were considerably swelled.

"In delicate females, the roseola came out on the face in patches, and on different parts of the body, and remained for several weeks after the other symptoms had disappeared.

"It need hardly be added, that motion of any kind greatly aggravated the symptoms, and the gentle pressure of the hand could scarcely be suffered.\*

"Fever came on simultaneously with these various affections, or very soon was observed in conjunction with them, marked by a sense of heaviness in the head, and great listlessness, nausea, and loss of appetite, and, in delicate people, the irritability of stomach was sometimes distressing. Severe rigors, and alternating flushes of heat; face flushed; quick, full pulse; and hot dry skin; with, in a few cases, delirium, were also observed.

"Pain of stomach, sensible to gentle pressure, was present in one or two instances.

"The violence of the symptoms and fever lasted from four to five days; but it was never under seven or eight days that all the pains were gone. In most cases, the pains were felt for a much longer time; and in severe attacks, pain and tenderness to the touch remained in the eyes, hands, calves of the legs, ankles, and feet, for weeks afterwards.

"These symptoms varied in number and degree of violence, according to circumstances, and were much influenced by mode of living and constitution, sex, and age.

"The soldiers composing the garrison of Brimstone Hill, were less liable to this disease than the inhabitants; and their attacks were not of so long continuance, nor generally so severe. Nearly all the officers had it, and it was severe in one instance only. The very general run it took amongst the inhabitants had the effect of its being supposed to be epidemic; in many instances, not leaving a family till every one had been attacked.

"The young and robust had smart attacks, and fever of shorter duration, and they did not so often labour under its effects; and were even exempt from one or two symptoms that afflicted people of an opposite description.

"Delicate females and aged persons had more protracted attacks, and they suffered more from irritability of stomach; and the roseolar eruption in them was most remarkable; and the feet continued swelled and tender, producing lameness for some time: the fingers were also swelled and painful.

"On account of the lingering nature of the disease, many were induced to suppose that, during the space of eight or ten weeks, they had fresh attacks, and were even impressed with the idea that they must have a third attack before they could get well: this was owing to exposure to the cold damp weather, which at first caused it, and consequently easily re-excited the pains they had not entirely got quit of.

"This disease, in all the instances I have witnessed, was considered of a simple, and though of a violent nature, yet there was nothing dangerous in it. It has been said to have terminated fatally in one or two instances in this island: in some of the others it has caused death in several instances.

"This circumstance I am inclined to attribute to some untoward combination of disease, or might be the result of accident, as was the case in one instance. A coloured man, of the town of Old Road, having had symptoms of the disease,

\* The stiffened form, occasioned by the pains in the head connected with the shoulder, and the dread of motion, obtained for it the fantastic name of "the dandy."

thought himself sufficiently well even to go to his work, imprudently bathed in the river, which aggravated the disease to such a degree as to cause his death: previous to which, the irritability of stomach was very great, vomiting quantities of black-looking matter repeatedly.

"Inflammation of the stomach, I am inclined to think, is the unfortunate combination which, in fatal cases, commonly is the cause of death. In a very few instances I have observed it in the commencement of the attack, and it was necessary to direct particular attention to this symptom, or combination; for, as there is a possibility of this combination appearing in greater or less degree, so as perhaps to be little heeded, and be allowed to proceed too far, without any precaution being taken to remove it, it is at once accounted for how it may become the cause of death, and confirms the truth of this opinion.

"Instances of relapses were few amongst the troops, and none of the lingering symptoms attached to them that have been enumerated in the description of the disease.

"Children seemed for some time to be exempt from this disease, but latterly they have also suffered. It was indicated by peevishness, and soreness on being touched; great irritability of stomach; in those who were able to walk, an imperfect manner of using the limbs was observed, causing them frequently to fall. Feverishness was present in all.

"There were a few peculiarities noticed in this disease, which entitled it to be considered as a novel and unknown kind of morbid affection. 1st. The extreme violence of the pains in the commencement, and the peculiar sensations they created. 2d. Perspiration was not easily excited. 3d. Thirst was not much complained of, even in the violence of the fever and in delicate females. 4th. The roscolar eruption above mentioned, and the swelling and tenderness of the hands and feet, was not often observed in the cases in the garrison. 5th. Delirium was chiefly confined to delicate females, and aged persons of weak, nervous constitution.

"The weather, previous to the appearance of the disease under consideration, and during its continuance, was of a nature unprecedented in severity in the West Indies, at least for very many years.

"In the latter end of November, and nearly up to the present period,\* the weather became extremely boisterous, being nothing but a continuance of heavy rains and high winds; the evenings cold—very cold for this country, so much so that we were obliged to shut our doors and windows on sitting down to dinner; and we found it requisite to cover ourselves with a blanket at night. No Creole constitution could hold out against such weather; they are generally of such a frame that they are not at all capable of undergoing the fatigues and exposure of Europeans who have been a few years in this country. Besides, their mode of living and their habits are also very different from the regiments serving in the country. It was even surprising we escaped as we did; and although the dress of our men was not altered, which at the time was merely linen trousers, and which could not guard them very well from the cold damp air of the night, yet we did not suffer in any thing like the way that the natives did. The greater part of our men are young, of strong constitutions, and well fed: it was not to be supposed that they could easily be affected by weather that to them must have been only agreeable.

"In treating this anomalous disease, the objects had in view were to lower increased action in the system, and to restore the deranged functions of the vessels of the skin, which might be almost considered the cause of the disease. In accomplishing these purposes, few means were required. The pain of head, and great degree of excitement in young men of stout habits, sometimes required blood-letting; but, generally speaking, it was seldom employed: there was a much better remedy found, which nearly answered both purposes, and that was cathartics. Aloes, colocynth with a combination of calomel, in the following proportions and manner of exhibition, was the usual plan adopted:—

\* April 11th, 1823.

“℞. Extract Colocynthis comp., Aloes Socotrinæ, Gummi Resinæ, ʒā gr. iij.; Hydragryi Submuriatis gr. xxiv. fiat massa in pilulas duodecim dividend sumentur tres h. s.

“On the following morning, the pills were assisted by doses of infusion of senna, to which was added a small quantity of neutral salts, or supertartrate of potass. This plan generally required to be repeated once or twice.

“When the action of the bowels was thus increased and kept up, the febrile action and violence of the symptoms underwent an almost immediate diminution, particularly the head-ache, which was the most distressing symptom. Cold water was at the same time applied to the head, by means of folds of linen.

“To determine to the skin was another mode of treatment employed, to remove altogether the pains of different parts of the body: this was effected by using the warm-bath, and giving small doses of antimonial or James’s powder, with a few grains of calomel, three or four times a day; and keeping the body warm, from the commencement of the treatment.

“The diet was light and plain. Wine, when it might be advantageously employed, was given.

“When pain of stomach was present, which very rarely was the case, and when it was increased by pressure, its removal was always of the first moment; in doing which, the counter-irritation occasioned by the application of vesicants was a very powerful remedy. Gentle purgative injections at the same time were essentially useful.

“With regard to the employment of the sulphate of quinine, I am not able to bear testimony of any power it is supposed to possess in diminishing the violence of the symptoms, or in preventing returns of this disease and seeing no reason to believe that there existed any morbid consent between the sensorium and deranged impressions of distant parts, I never employed this medicine with the view of defeating its return. I must confess I used it, (the sulphate of quinine,) in one or two instances only, before the nature of the disease was exactly declared. It came on in subjects accustomed to frequent attacks of ague, the symptoms of which were chiefly complained of at the beginning. It afterwards turned out that violent pains, such as those that characterize rheumatismus febrilis, were conjoined; I therefore cannot positively decide in favour of the sulphate of quinine having any effect in shortening the disease, or in preventing its recurrence when it had apparently gone off.

“The disease was very apt to return, or, from having disappeared, was liable to be again excited, if the patients were unguardedly exposed to its causes, which have been stated to be an extraordinary degree of cold and damp in the atmosphere, and the prevalence of high winds, with heavy rain. Under these circumstances, the best security that could be had against its aggravation or recurrence was to defend the body by warm clothing, and confinement to the house, or even to the bed-room.”

We are informed by persons who suffered from it at St. Thomas’s, and at St. Croix, that the disease assumed the same character as at St. Christopher’s; at St. Croix, however, it not unfrequently attacked the pleura, producing violent pleurisies; the intercostal muscles were also in these cases often the seat of severe pains. At St. Thomas’s, we are told, that though the violence of the disease continued in almost all instances for three or four days, that a striking difference was observed in the influence of different modes of treatment upon the duration of convalescence. It is said that those who were treated by blood-letting and strict antiphlogistic measures, convalesced rapidly, whilst those who trusted their cure to laxatives and mild diaphoretics were afflicted with pains in different parts of their bodies, for one, two, and even three months. We expected to have been able to give a particular description of the epidemic as it appeared in the islands of St. Croix and St. Thomas, but the information we were promised, has not yet reached us.

Dr. Betton, of Germantown, has politely furnished us with the following extract of a letter from Dr. G. N. Stennett, giving an account of the disease as it presented itself in Jamaica.

"We have been visited with an endemic acute rheumatism, more severe than any I ever saw in Great Britain. It has passed all over the island, chiefly, however, prevailing in the towns along the sea-shore; this I attribute to the susceptibility of the people inhabiting these places, arising from their being accustomed to such constant heat. We have had since June, last year, almost constant rainy weather, and during the last few months, frequent northerly winds; the thermometer in the morning has generally been here at 64 Fahrenheit—a few times at 62. This disease has not produced any fatal effects, but after two or three days, hot fever, accompanied with severe pains of the joints; it generally terminates, leaving the patient very much debilitated, from which state he does not recover for weeks—sometimes the swellings become chronic, accompanied with slight fever at night, and much pain at that time. In some few cases eruptions of various sorts have preceded and accompanied the fever. In one case I saw, it extremely resembled rubeola. The negroes have been a good deal affected, but not so much as the whites. I find copious bleeding at first in able people, followed by small doses of Epsom salts and tartar emetic, so as to produce slight nausea and action on the bowels, together with warm salt water baths generally to remove the disease in three days."

The disease made its appearance at Havana and its vicinity late in April of the present year, and attacked the inhabitants generally and almost simultaneously.\*

"During" says Dr. Osgood,† "the whole of the last winter and spring, previously to the taking place of this new fever, many of the persons who had lately arrived in this climate were seized with the yellow fever. But as soon as the former began to prevail, the latter disappeared; although the residents, who had usually been exempt from the yellow fever, were seen, as well as the transient subjects, with symptoms resembling those of this latter disease, viz. after sensations of uncommon languor, chilliness and pain in the tendons of the smaller joints, they were suddenly attacked with a burning heat and redness of the skin, pains in the muscles of the limbs, or pain in the forehead, and a loathing or vomiting of whatever was taken into the stomach.

"The fever continued for one, two, or three days; and then usually terminated with a free sweating, which freed the patient likewise from his pains. But many after leaving their beds suffered by a renewal of their pains, which in some have become chronic. Others have also had a renewed attack of the fever.

"This disease of the season has not proved fatal, except to a few amongst the strangers, in whom the sweating stage of it did not easily take place, or was suddenly stopped by exposure to the open air.

"This moderation of the symptoms, in the generality of the subjects, I attribute to a gradual reduction of the vigour of their constitutions, by the influence upon them of the before-mentioned almost uninterrupted continuance of hot weather during all the seasons of the two last years past, and beyond what has happened in former years; which influence has rendered the native inhabitants, as well as the strangers in the climate, liable to be affected in this new way, by the same specific cause that, at other times, has produced the yellow fever in the latter class of the subjects.

"The Dengue has, as yet, only prevailed in the places to which the yellow fever has been limited. It has not spread into the interior of Cuba, although, at the end of five months from the time of its rise in Havana, it continues to attack most of the persons who come to the city from the country, or from any place where it has not prevailed.

"2. The fatality of the yellow fever is known to be the greatest in the most robust of its subjects; and in those who, besides their recent exposure to the air of the West India climate, indulge themselves in hard drinking, or fatigue

\* Remarks on Dengue. By David Osgood, M. D.—*Boston Medical and Surgical Journal*, Vol. 1. No. 36. † *Op. cit.*

themselves by much exercise in the sun, whereby their strength is *suddenly depressed*.

"3. On the contrary, with a slight typhous affection contracted in a close prison, where hard drinking, or taking long walks, cannot be practised, the additional influence of the air of the climate, when it has caused a fever by sudden exposure to it, the symptoms have generally been very mild.

"4. The late comers to the West Indies from the colder latitudes experience soon after their arrival, a degree of exhaustion, and soreness in their muscles, like that which persons every where feel after violent exercise, or very great fatigue.

"The debility and soreness of the muscles and tendons in the subjects with the Dengue, before and after their symptoms of fever, may be attributed to the same cause.

"5. In several instances, since the prevalence of the Dengue, the worst symptoms of the yellow fever have supervened on those of the former.

"I may also mention here, that I know several persons, now long residents in this place, who since arriving here from abroad have escaped from an attack of the yellow fever, and have not hitherto been attacked by the Dengue; whereas every other person to whom I put the question, 'Have you had the Dengue?' answers 'Yes.'

"From the facts, &c. above stated, I have been led to consider the specific cause of the disease of the present time, and that of the yellow fever to be the same. The subjects have become altered in their constitutions; but the generating cause both of the new and of the old fever, remains unchanged."

Dr. Philip J. Dumaesq has communicated in a letter to one of the editors of the Boston Medical and Surgical Journal, the following description of the epidemic as it appeared at New Orleans.\*

"The commencement of the disease is marked by the following symptoms:—Languor, disinclination to muscular exercise, slight chilliness, with dryness of the skin and fauces; the tongue at first is covered with a whitish coat, which afterwards gives place to a yellow; at which time there is a degree of nausea, in the generality of instances trifling. From the first great thirst is experienced, pain and heaviness of the head, depression of the mental powers, frequent yawning, and disinclination to food. These symptoms generally made their appearance in the course of the day, and in the evening fever supervened, which gradually increased through the night, and decreased towards morning, when a partial relief was obtained by a gentle diaphoresis. The time of its duration varied exceedingly, according to the different idiosyncracies of individuals. In some the fever continued but twelve, in others twenty and forty-eight hours, and even to a longer period in a few.

"The peculiar phenomena of this fever are pains in different parts of the body; in the head, arms, loins, and down the course of the crural nerve. The pains in the body and extremities are confined to the muscles, resembling those produced by an attack of acute rheumatism. The suffering, I may say with propriety, is extreme; rest can be obtained in no one situation, and a momentary comfort is obtained by tossing about and stretching the limbs.

"With a parched skin, and fauces completely dry, rendering deglutition difficult, fluids are frequently demanded, and although the quantity taken in some instances is great, no part appeared to escape by the skin, and very little comparatively from the kidneys.

"The head-ache during the fever is not uniformly severe, but is more so in its decline, generally affecting one side of the head more than the other, and with its concomitant symptoms resembling cephalæa hemicrania.

"In some persons the fever was slight, with little prostration of strength, accompanied by cough and soreness of the fauces, terminating about the second day with a scarlet eruption. In these, so much were the appearances like

\* Boston Medical and Surgical Journal, Vol. I. No. 32.

scarlatina, that a few old practitioners pronounced it to be that disease; and the appearance of almost every person, a few days after the fever had gone off being marked by a continuous rash over the face, body, and extremities seemed to favour this opinion very much. But from the short duration of this eruption, the type and severity of the fever preceding it, (being synochus rather than typhus,) and the absence of some of the particular symptoms of scarlatina, clearly prove it was not this disease; the state of convalescence also being marked by appearances which are never discovered in that succeeding the latter disease.

"A peculiar symptom of this fever in infants, is convulsions—during which the body is bathed in a copious sweat; the action of respiration seems almost suspended; the eyes are fixed, wildly staring in a direct line from the body; the nostrils are dilated, and there is apparently an effort made to take breath, which a fixed position of the ribs and perhaps a spasmodic contraction of the diaphragm will allow but in a very limited degree. The partial respiration is accompanied now and then with a low moan, which is caused, I think, by the difficulty attending the effort in making a full inhalation, which is wholly impracticable during the paroxysm; rather than from any pain the little sufferer is experiencing at the time.

"The convulsion is of short duration, and attended with very little muscular effort; in most instances none. The common mode of treatment is plunging the child in warm water, and holding it there until the breathing becomes free, or else merely bathing the extremities.

"In young persons of a good constitution, the disease has been as severe in its attack, as in those of a more weakly habit, but reached its acme much sooner, and terminated more kindly in the former, and more so in the latter than in very old persons, and those who were rendered imbecile from previous bad habits.

"A person on the disappearance of this fever would attempt to rise from bed, feeling not much loss of strength, and a consciousness of being able to move about and attend a little to business; but how egregiously would he be mistaken when he assumed the upright posture! The joints felt as if fettered or ankylosed, and the advance of one foot or leg beyond the other, would cost more pain and effort than the purpose for which it may have been advanced was worth—aye, a thousand times told!

"This was a singular termination of the disease, leaving sufferers from the fever hardly able to move about; and indeed the appearance of persons in the streets, and every where else, must have been truly pitiable to a healthy stranger; the apparently great and often fruitless efforts to make a step; here one would be seen dragging his legs after him, supported on crutches; and there another with limping gait and various contortions of countenance, bespeaking that his tardy progress was made at the expense of his bodily feelings.

"The greatest pain in moving the leg, was experienced down the gastrocnemius muscle and about the tendo achilles; although pain was general in the muscles and down the course of the tendons. The muscles of the arm were also painful; and the wrist in some instances was swollen, and not yielding to the slightest motion without giving much pain.

"The muscles of the neck were likewise painful, stiff, and producing what is called stiff-neck, (*loxia*,) which in some continued longer than the stiffness in the limbs. A singular case was related to me by a physician, of a lady, who, whenever she would attempt to walk, and had placed her foot on the ground for that purpose, experienced a severe pain darting from one of the toes up the leg and across the body to the clavicle of the opposite side. She was relieved by the application of a blister below the clavicle.

"In many cases, after the fever had gone off a violent purging supervened, with severe griping pains in the abdomen; and the persons were harassed with a constant desire to go to stool, so strong that it must be immediately gratified, and the result would be, a small quantity of frothy mucus mixed with blood and

little bits of feces. In a few of these which came under my own care, I found the most efficacious mode of treatment in the application of flannels, wrung out from hot water, to the abdomen; with a moderate dose of calomel combined with a little opium, administered in the form of pills. Soon after the applications of flannel and the exhibition of the medicine, the pains, with the violent desire to go to stool frequently, ceased as if by a charm, and the patient felt tranquil and disposed to sleep.

"Another singular affection noticed in many persons after the fever, was a swelling behind one or both of the ears, immediately over the mastoid process. The appearance of this swelling, with the pain attending it, resembled very much an incipient phlegmon; but its continuance was short and its disappearance rather sudden, without suppuration, and without the aid of any local application.

"The most singular local affection which supervened after the fever had entirely disappeared, several cases of which I was informed about, and one I had under my own care, was an itching sensation in the urethra throughout the whole tract, with a slight discharge of pus, and a severe burning pain at first about an inch down the canal, experienced in passing water. These symptoms resembled so closely those of *blenorrhœa luodes*, that the disease was pronounced to be that; but from the asseverations of patients to the contrary, it was attributed to the fever; and I believe with propriety.

"In another case under my care, the inflammation continued but twenty-four hours the specific distance in the urethra, and then shifted to the bulb and neck of the bladder. Great irritation was experienced about the anus from sympathy, and sometimes the sphincter became spasmodically contracted when an attempt was made to evacuate the rectum.

"This person had been troubled with an ardor urinæ for three or four days before he observed any discharge from the urethra; and soon after this commenced, the inflammation and soreness shifted to the parts already mentioned. There was not that fulness of the glands, and kind of transparency about the orifice of the urethra observed in *blenorrhœa luodes*—neither was there a correspondence in some other symptoms.

"I was informed by a gentleman, about thirty years of age, who is now labouring under this singular affection, that he had lost entirely his sexual feelings.

"In this affection the ardor urinæ is not so great after the inflammation shifts as at the first; but the desire to evacuate the bladder is more urgent, and the pain is experienced in injecting the last drops, about the bulb of the urethra. To what length of time the duration of this affection is limited I cannot positively say, having heard of no person who is entirely free from it at this present time; but I am told that the fortieth day from the commencement the fever terminates with its unpleasant effects: and this being one of them, a few persons afflicted with it are anxiously looking forward to that day, which they hope will bring relief.

"The treatment has hitherto consisted in a moderate and light diet, abstinence from spirituous and vinous liquors, and the use of the mineral acids, chiefly the nitric. Other medicines are considered unnecessary, as the general health is good, and the bowels unconfined. I believe the terebinthiuates, and other medicines which may have a specific effect in the generality of diseases affecting the mucous membrane, would avail nothing in this; and any local application that may check the discharge would endanger the general health, as from the circumstances preceding and attending it, it appears an effort of nature to remove in this way some latent remains of the disease. And this supposition is strengthened by the fact that persons in whom this has appeared after the fever, have been free from the kind of rheumatic pains and stiffness observed in others.

"This epidemic has been so general, that in families of twenty and thirty persons it was very seldom found that one escaped. Perhaps in the annals of me-

dicine there is not a disease recorded so severe in its accession and duration, so various in its symptoms in different individuals, and so very seldom leading to a fatal issue. Out of the many thousands afflicted with it in this city, not more than four or five have died, and in these it appeared to be combined with some organic difficulty, and especially of the liver, which gave it the semblance of yellow fever, and such it was considered by some.

"The general treatment of the disease in this place has been very simple: in most instances nature was allowed to effect a cure without the interference of art; and the progress of those towards amendment who were treated medically was not more rapid than those in whom the disease was allowed to run its course, and have completely its own way.

"Fluids were often required, from the severe thirst which was truly distressing, and they were given warm that they might afford present relief, and also promote diaphoresis, which, when it did take place, mitigated the severity of the fever and pains in various parts.

"A cathartic was administered to some after the fever had subsided, and the scarlet eruption was found to appear somewhat sooner in them than in others who took no purgative medicine; but the only difference consisted in this. The eruption was not general in its appearance, many persons who had had the fever being totally exempt from it, but having all the other difficulties which appeared after the termination of the fever.

"I have had this fever myself; it was preceded by the usual symptoms, and commenced about eight o'clock in the evening, gradually increasing throughout the night, and diminishing towards morning, when I experienced a partial relief from an irregular sweat which broke out in different parts of my body. I arose and took a glass of soda water, which increased the diaphoresis, but I was not free from fever: in a short time it became more violent, with severe pains in all parts of my body; and I was obliged to lie down. The pain in my head was excruciating, and confined to one side, which was so sore I could not bear any thing to touch it; and my limbs felt as if they had been severely bruised. The fever continued forty-eight hours, and then went off with a copious sweat, which drenched the whole of my body; leaving me, however, not entirely free from pain, and so stiff in my joints, that I could hardly move my limbs; and could not bend my body, or turn my head without experiencing pain.

"Two days after the fever left me, a rash made its appearance on the skin, covering my face, body, and extremities; it was accompanied by a slight itching and a sensation of great heat over the whole surface; the discharge from the pores at the same time was free, and sometimes copious, without diminishing in the least the unpleasant sensations of heat and itching.

"In my case the rash lasted twenty-four hours, but in many others much longer: but never, as far as I could ascertain, beyond the second or third day. In most cases it appeared twenty-four hours, or thereabout, after the subsidence of fever, and continued nearly the same length of time; but the pains and stiffness in the limbs continued much longer, and lasted in young persons from two to four days, or a week, and in the aged far beyond this time, even to the second and third week, and some are not rid of it at present, in whom the disease commenced nearly a month ago.

"A few individuals have had fresh accessions of fever of the same kind since its first attack, but I think it must have been caused by intemperance in eating and drinking.

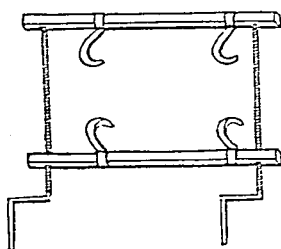
"For a few days after the fever, the appetite is very poor, and every thing that may be taken as food or drink has a highly bitter taste; this soon wears off, and the appetite generally returns with the natural taste of thing."

For an account of the epidemic as it appeared in Charleston, S. C. we refer to the excellent paper of Professor Dickson, in our present number, p. 3. It may be, perhaps, allowable for us to remark here, that our esteemed coadjutor has not, we think, made out one of the characters that he has ascribed to the disease:

its being contagious. Possessing every confidence in the discriminating judgment of Professor Dickson, and allowing all possible weight to the facts which he has stated, and to the circumstance of his having witnessed the disease, which we have not, we are nevertheless, after a consideration of all that we can collect on the subject, irresistibly led to the conclusion that the disease never possesses such a character. In New Orleans, says Dr. Dumaresq,\* "the disease was not propagated by contagion, for persons were attacked by it at the same time, and its spread was so rapid among the inhabitants that in eight or ten days at least one-third of the population was labouring under its influence, including persons of all ages and different sexes." We have been informed of a family in New Orleans, consisting of twenty-one individuals, nineteen of whom were suffering from the disease at the same period. Mr. Squar in noticing the idea of the disease having been brought to St. Christopher's by contagion, says, "proof enough will be afforded to upset this idea, in speaking of the comparative prevalence of this disease amongst the troops of the garrison, and inhabitants." The whole character of the disease, indeed, it must be acceded, is that of an epidemic, and not of a contagious affection. But it is not our purpose to enter into the discussion of this point but to present the facts that we have been able to collect.

Since Professor Dickson's paper was printed off, we have been favoured with a letter from him, in which he states that he has "just met with a brief notice of 'an epidemic inflammatory fever, prevalent some time since in Calcutta and its environs,' contained in the Edinburgh Medical and Surgical Journal, for 1826, vol. 26, in a review of the Transactions of the Medical and Physical Society of Calcutta, for 1825. This volume of transactions we have not been able to obtain, but cannot avoid inferring from all that is said on the subject, the absolute identity of the Indian epidemic with ours. So general was it in its prevalence, that scarcely an individual escaped, yet it scarcely ever proved fatal. Its sequelæ, however, were often severe, chiefly the debility and lasting pains in several joints large and small, sometimes in one finger. While one writer thinks it necessary to distinguish it from rheumatic fever, another considers it a mild scarlatina modified by tropical climates. Reflecting on the appearance and mode of appearing of the cutaneous eruption, the rheumatic pains, the epidemic characters, and the third day critical, with or without adding the tendency to cyanache, and the succeeding unaccountable extreme prostration of strength, I cannot seek for the same train of symptoms in any other disease."

*Description of an Instrument for Separating the Sternum.* By W. E. HONNER,



M. D. Adjunct Professor of Anatomy in the University of Pennsylvania.—The instrument represented by the accompanying figure, is intended to assist the practical anatomist in getting at the heart of a subject for the purpose of injecting it, without cutting out the sternum, which is the usual mode.

It consists of two bars of iron rather larger than the sternum, each one being furnished with two flat hooks, and one having two screws which work in pivot holes in the other. The bars are separable. To apply the instrument, saw through the middle of the sternum, then fix the bars one after the other by hooking them on the cut edge of the bone, and adjusting the point of the screws in the pivot holes. By turning the handle of the screws, the two halves of the sternum may be separated to any requisite extent.

This simple instrument, invented by myself, I have used for some years in

\* Op. Cit. p. 497.

the University, I find it perfectly effectual in the object proposed, and much better than any other plan than I have ever heard of, or seen.

*On the discharge of various matters from the Trachea.* By J. R. COXE, M. D. &c.—As I have had occasion frequently to advert, in my paper on croup in the present number of this Journal, to the probable mistakes of old writers respecting the supposed discharges of worms, &c. from the trachea, I think it may not be amiss to point out a few instances of similar mistakes nearer our own times.

Tulpius, who has been noticed at the commencement of my paper, (he was born 1593—died 1679,) in his *Observ. Med.* lib. 4. c. 9. p. 294, mentions a tailor who expectorated an extraordinary membrane; which he was at a loss to account for, but finally concluded it was formed in the trachea. The twelfth observation of his second book, mentions a young man who discharged a portion of the pulmonary artery as long as the little finger, with its ramifications. Another, who threw up two considerable branches of the pulmonary vein, separated from the lung to their extreme ramifications, as if dissected patiently by an anatomist, and without any suppuration; and which very preparation was publicly demonstrated by Paaw, professor of anatomy at Amsterdam, as a “*miraculum inauditum*.”

In 1649, Th. Bartholine, (*Hist. Cent. III. hist. 98.*) mentions his receiving from S. Pauli the branch and ramifications of a pulmonary vein, which a man had discharged by expectoration, as accurately separated from the parenchyma of the lungs as if dissected out.

In the Leipsic acts, 1683, an account was given of the expulsion of the portion of the pulmonary vein by a severe cough; that it was entirely detached from the substance of the lungs, and divided into several branches.

In the Philosophical Transactions of G. B. vol. 19, No. 233, a communication is made by Dr. Lister, 1697, from Mr. R. Clarke, of a polypus of the lungs discharged by a tailor, and which had been repeatedly done within the last three years. Dr. Lister, whose advice and opinion is asked respecting the case, considers them as the mucous humour of the small glands, hardened in their ducts, &c.

In 1700, Bussiere, a French surgeon in London, reported to the Royal Society, of which he was a member, the account of a substance expectorated by coughing, which resembled the vessels of the lungs, (Vol. 22, No. 263,) by a child of five years of age. He was affected with phtisis, accompanied with a dry cough, which had come about a year previously. About ten or twelve days preceding death, he began to discharge certain matters, having the form and consistence of a vessel. After death he was examined, and a small quantity of purulent matter was found in the left lung. On opening the trachea, there was noticed, internally, a layer of glutinous matter, which was removed in one piece; forming, from the larynx to the extremities of the bronchia, one single tube, detached without difficulty, and without tearing, in the slightest degree, either trunk or ramifications. It had no adherence to the internal membrane of the trachea, except by some few small threads, so slender as readily to yield. It was put into hot water, but experienced no change. The author remarks, that this case may serve to undeceive those who, on the testimony of certain writers, imagine it possible for the sick to cough up the pulmonary vessels.

In 1704, the celebrated Lemery is stated, in the “*Hist. de l’Acad. des Sciences*,” to have seen a patient discharge by coughing, amongst thick phlegm, white fibres as large as a chicken’s feather, and ramified, resembling the figures of the veins—hollow, &c. and which he supposed to be polypi, similar to those of the heart, &c.

In 1727, (*Philos. Trans.* No. 398,) Dr. Samber gives an account of a tracheal polypus, discharged by expectoration, the figure of which is engraved in that work; and in the same, for 1731, Dr. Nichols states a case of a similar nature.

I might enumerate many others of a like character; all, however, tending to

elucidate the statements of earlier ages of the discharge of worms, of the vesicles of the lungs, of the inner membrane of the trachea, &c. but which, from a more enlightened pathology, would, probably now, be ascribed to causes connected more or less with croup.

*On Prussiate of Iron in Intermittent Fevers.* By WILLIAM M. FAHNESTOCK.—In the last number of the *American Journal of the Medical Sciences*, I observe a paper on the use of the prussiate of iron in intermittent fever, by Dr. Jackson, of Northumberland, who recommends it as “safer than bark in domestic use, and in the hands of the ignorant.” My experience with the prussiate of iron, is perhaps not so great as that of the author alluded to, but it is sufficient to make me very cautious in using the medicine, if not to abandon it entirely.

I was called to the charge of the *Dauphin County Alms-house Infirmary*, in January, 1824, where I found eighteen cases of old standing intermittents: four quotidian, six tertians, and eight quartans; some of two, four, six, and nine months duration, in which the bark, arsenic, &c. had been used by the former physician without much benefit. I determined on making a fair trial of the prussiate of iron, and after preparing the system by calomel, jalap, &c. I ordered the prussiate to all of them, in doses of six to ten grains every three hours, in the quotidian cases every two hours. Of the four first cases, two had no return of the paroxysm; the other two passed the second interval without any accession of fever; the tertian cases had no recurrence of the disease whatever; and of the eight quartan, five recovered, but in the remaining three it produced congestion of the brain, one of which proved fatal.

Intimidated by the termination of this case, I was deterred from using it until after my removal to the vicinity of the Schuylkill, in Philadelphia county, where the disease prevailed very extensively, and assumed an extremely obstinate character. Recourse then was had to it, and the success was so great that it became a popular remedy, under the title of “indigo powders,” and the practice was imitated by every economist, carefully premising its use by evacuates. Here again I had the pain to witness its deleterious effects in two children to whom it had been given “without medical advice.” Violent cerebral excitement, excruciating pain in the temples, restlessness and delirium ensued, which were subdued in one case by very strict and persevering attention to the proper treatment; the other was followed by coma, tremors, and death.

I do not wish to dampen a further investigation of this substance; on the contrary, I feel much anxiety on the subject, and would be pleased were it to prove an innocent and efficient remedy, and that the fatality in the cases which came under my observation, are to be attributed to some adventitious circumstances; but it is my duty to advertise the experimenter of the bad consequences which have attended its administration in my practice. “One potent argument,” says Dr. Jackson, “in favour of it is this: it often produces symptoms of intoxication, with all those distressing affections of the head, obtuseness of seeing and hearing, with ringing in the ears, which often followed the use of the quinine.” This I should regard as the nosometer of the distressed system—the admonitory index denoting the degree of the charge, as Henley’s quadrant electrometer does that of the electric battery.

*A Case of Tetanus, accompanied and followed by a severe Affection of the Muscles of the Right Arm and Shoulder, successfully treated.* By GEORGE W. STEDMAN, M. D. of St. Croix, Member of the Medico-Chirurgical Society of Edinburgh, and formerly President of the Royal Medical Society of Edinburgh.—On the 19th of January, 1828, I was called to Butler’s Bay, the property of John Semple, Esq. to see a black man, named Kinsale, about thirty-six years of age.

The patient had had the new fever, called here by the common people, the *bouquet or dandy fever*, but which I propose to call the *eruptive rheumatic fever*.

The fever had been followed by an acute and continued pain of the shoulder, stretching down the muscles of the humerus, which, however, had been so

much lessened by a blister as to enable him to do some light work about the estate.

Last night he took his turn to watch in the yard, and had probably exposed himself to cold, for this morning he was seized with the following symptoms:—

Intense pain in the chest, violent spasms and contractions of the muscles of the chest, neck, face, arms, and slight spasms of the legs. The pain of the chest was much aggravated during the spasms, and probably arose from the violent spasmodic contraction of the diaphragm, which is so common a symptom in tetanus. His mouth was violently shut, his teeth clenched, and the masseter muscles were swelled and spasmodically contracted. These spasms recurred every three or four minutes. His pulse was strong, full, tense, and quick, and he had the peculiar anxious expression of countenance which marks tetanus. His skin was warm, and partially bedewed with perspiration. No wound or hurt could be discovered in any part of the body after a most careful examination. He had been in the warm bath, and had taken twenty drops of laudanum before I saw him.

I bled him in the arm from a large orifice to the amount of twenty ounces. The blood immediately adhered to the vessel, and exhibited white streaks of coagulable lymph on its surface, which I have always observed in the commencement of inflammation. He experienced much relief from the bleeding; the spasms became less frequent and less violent. I next gave him forty drops of laudanum, and put a blister on his chest.

My father saw him about two hours afterwards, and found him easier, and the spasms much diminished. As his bowels were not sufficiently open, he ordered several strong injections to be given, and then fifty to sixty drops of laudanum every four hours. He directed the patient at the same time to be put into a warm sand-bath, and to be kept there night and day until he got better.

About 3 P. M. his bowels were fully opened, and an immense quantity of feces was passed. The doses of laudanum were commenced at that time, and given every four hours.

About 5 P. M. the spasms disappeared altogether, though considerable rigidity both of the jaws and neck continued, accompanied by great difficulty of swallowing. He slept a little, with apparent relief between the doses of laudanum. The blister rose well, and according to the patient, afforded him much relief. Some wine, by my father's directions, was occasionally given to him.

*Monday, 20th.* At 11 A. M. I visited the patient. By this time he had taken four hundred drops of laudanum. He seemed easier, and had had no more spasms, although the muscles of the face were still rigid, and he could open his jaws but very little. Ordered the sand-bath to be continued, several injections to be given, the quantity of laudanum to be administered only every eight hours.

*Tuesday, 21st.* I found him worse; pulse very strong, tense, and quick; heat of skin considerable; more difficulty of swallowing; the most intense pain in the shoulder, with stiffness of arm. He had taken only one hundred and forty drops of laudanum since I saw him. His bowels were but scantily open, though injections and castor oil had been given. He slept tolerably well, however, during the night, and took some nourishment.

I bled him to  $\bar{xv}$ . when his pulse became small and soft; the blood was strongly adherent, though less streaked than before, having only one white spot upon it. He felt much relieved by the bleeding. I directed the laudanum to be discontinued, until his bowels were fully opened, and a mustard plaster to be applied to the affected shoulder. The sand-bath to be continued.

*Wednesday, 22d.* The opening medicines operated well. He was every way easier, though stiffness of muscles still continues. Quantity of laudanum taken since yesterday one hundred and seventy drops; sand-bath continued.

*Friday, 24th.* He was worse; had spasms in face, neck, and shoulder; complained of great pain of shoulder, chest, and abdomen; bowels not open. Ordered blister to shoulder; copious injections; and castor oil.

*Saturday, 25th.* Blister afforded him much relief; bowels well opened; all

symptoms better; countenance better; mercurial plaster to shoulder. Quantity of laudanum taken since Wednesday, eight hundred and ninety drops. Ordered sand-bath to be continued.

*Wednesday, 29th.* His skin is covered with a miliary eruption, from the continued use of the sand-bath. He has had injections daily, which keep his bowels open. Mercurial plaster relieved the shoulder. Since Sunday he has been taking, by my father's desire, three tea-spoonsful of bark daily; three wine-glassfuls of wine, and two large glasses of warm water and rum. He cannot yet lift his right hand to his mouth. When he attempts to sit up or move, he says he feels as if his neck and heels were tied together. Quantity of laudanum taken since Saturday, one thousand one hundred and seventy drops. Ordered the sand-bath to be discontinued, and the warm-bath used every evening instead of it. Two opium pills to be taken every night instead of the laudanum.

*February 1st.* My father ordered the warm-bath to be discontinued, two calomel pills to be taken every night to bring on salivation, in order to relieve the rigidity of the muscles of the jaw, and the pain in the shoulder; his cheeks to be rubbed with anodyne liniment; laudanum to be resumed. Quantity of opium gr. iv.

*February 11th.* Chief complaint is now of his shoulder; says that the whole of the right side feels benumbed; tongue clean; bowels open. Laudanum six hundred and thirty drops; opium, gr. xiv.

He is now salivated. The tetanic affection seems to be conquered. He has still, however, great rigidity in the muscles of the face and jaw, especially the masseters. The laudanum and opium were now discontinued, and he was ordered thirty drops of tincture of colchicum autumnale twice a day, for affection of the shoulder.

*February 25th.* There is still so much rigidity in the masseter muscles, as to prevent him from opening his jaws fully. His shoulder still continues to give him very great pain, especially the deltoid muscle, on which he cannot bear the slightest touch. He cannot lift his hand to his chin, and the motions of his shoulder are so limited that his arm is useless to him. The least motion gives him the most acute pain.

Without apprising the patient of my intention, I thrust a needle, manufactured in London, for the purpose of acupuncture, into the upper third of the thick fleshy belly of the deltoid. The needle was introduced nearly an inch. The patient did not evince the slightest sense of pain on the occasion. Upon pressing with my fingers on the part which had pained him before, I found that the pain had entirely ceased, and he could now bear any part of the shoulder to be pressed and squeezed. I told him to put his hand on his head. He smiled incredulously, but being encouraged, he began to raise his hand slowly towards his head, expecting every moment to be arrested by the accustomed pain. To his infinite surprise, however, he found that he could first put it on his forehead, and then on the top of his head, with the greatest ease. He could now also move his arm backwards and forwards, which he could not even attempt before. He complained that the pain had moved down his arm to the situation of the biceps muscle. The pain here seemed acute. I instantly plunged another needle about an inch long into the lower third of the deltoid. This at first gave him much pain, for he cried out, and seemed about to faint. He was revived by drinking some water. He now declared that all pain had left his arm, and he could move it much more freely than before. He seemed quite delighted with the new power of motion which he had acquired, and repeatedly swung his arm round and round. The needles were left in about seven minutes. He continued to improve until the 11th of March, when, having a recurrence of stiffness in his shoulder, with pain stretching up the muscles of the neck, recourse was again had to acupuncture with complete success.

I may take this opportunity of mentioning a curious case that occurred to me some time ago. I was called to Mount Victory, the property of James Codwise, Esq. to see a negro girl, about ten years of age, labouring under *tetanus*. I found

her suffering under the severest form of the disease, with violent *episthotonus*. She had not been exposed to cold, nor was there any apparent cause for the disease, except the state of her feet. Between the toes, on both feet, were deep holes, festored at the edges, causing a swelling all along the fore part of the feet. These were caused by a number of the insects called here the *Clugine*, (the *Pediculus penetrans*,) which burrows under the skin, and deposits its larvæ in a bag. This at first gives rise to a degree of titillation, that is often considered a sort of luxury by the negroes. When the part inflames, the irritation it creates is so great as to give a great deal of uneasiness, and even to prevent sleep, as I have myself felt. I have no doubt that this was the cause of the tetanus, which proved fatal, notwithstanding every remedy that could be thought of. Other instances like this have, I am told, occurred to some of the practitioners in this island.

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*On the Use of the warm Sand-bath in Tetanus.* By GEORGE W. STEDMAN, M. D. of St. Croix, &c.—The warm bath has been generally approved in the treatment of tetanus, but it has been objected to on account of the necessity of moving the patient to and from the bath, and the consequent danger of renewing the paroxysms by the motion.

This danger has been considered so great as to cause most judicious writers to dissuade from the use of it altogether. Some have proposed warm fomentations as a substitute, but these are comparatively inefficient. It is singular that none have thought of proposing the *warm sand-bath*, which not only possesses all the advantages of a warm water-bath, but obviates the only feasible objection that can be brought against it—that of the necessity of moving the patient. I have examined the works of most of the systematic writers on medicine, and of most of the authors on tetanus, and no where do I find any trace of so simple and effectual a remedy. It is one, however, that has been used for some years here, and has been often employed by my father.

The *sand-bath* is prepared in the following manner:—A quantity of sand is heated to as high a point as the patient can bear it; this is formed into a bed of from four to six inches thick, and a blanket is put over it, upon which the patient lies; another blanket covers him. A bag of heated sand is also applied to his jaws, and another, if necessary, may be laid upon his body. By these means he is kept day and night in a state of profuse perspiration. Little or no motion is necessary, as the sand can be taken away and renewed in different portions as it grows cold.

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*A Case of Swelling of the Ankle-joint cured by Acupuncture.* By Dr. JOHN DAVIS, of Jackson, Tennessee.—Miss H. aged eighteen, of robust constitution, and corpulent habit, was attacked on the 6th of July, 1828, with severe pain in the right foot, near her toes, attended with smart swelling, which extended in a short time to her ankle-joint, and that part became the most severely affected. Her parents resorted to poultices and unguents, and continued their use by alternating and changing them until the 26th of the same month; at which time, despairing of curing her themselves, I was called in, and found her foot considerably swelled and very painful, but retaining its natural colour. I learned that she was attacked late in the night with severe pain in her right foot, and also in his left hand at the same time, and that they had continued painful, and increased in swelling gradually ever since.

On examination, I found the third joint of the ring-finger of the hand affected with paronychia, which I laid open to the bone by an incision, and it soon recovered its natural integrity. The foot presented the appearance already described. I ordered blood to be taken from the arm three times, and cathartics to be used every other day—these were continued for several weeks. Blisters were also applied to the foot, and a discharge kept up by re-applying them. This treatment appeared at first to be productive of some benefit, but it was only temporary. Her foot became intolerably painful, and I was hastily called on

the 22d of August. There was no visible alteration in her foot since my last visit, except that produced by vesicating it.

I began now to despair of effecting a cure by the usual remedies, and resolved on trying acupuncture, and making known my views to my patient and her friends, and obtaining their consent, I inserted a large sewing needle into her foot, just below the ankle-joint, on the outside of it, three-fourths of an inch; the needle remained in about forty-five minutes; the pain produced by its entrance continued to increase, accompanied by a tingling sensation. This needle was used as an experiment to let her become satisfied of its utility.

The most painful and swollen part of her foot was on top of it, near the toes, to the outside of the ankle-joint, the needle being inserted at the ankle, relieved the pain previously felt there, and the swelling by the next morning; and the rest of the foot was considerably better. I visited her again on the 25th, and found her highly pleased with the success of the operation; she stated that she had slept soundly each night since the puncture was made, which was the first sound sleep she had enjoyed since her attack. I proposed inserting three needles now, to which she assented. I inserted two in the top, (half an inch in depth,) just where the first pain was felt, about an inch asunder, in an inclining position, to avoid puncturing the tendons, &c.; the third I placed in the outside of the ankle where the first had been inserted; these remained near an hour, when she said they had become too painful to bear longer; they were then withdrawn. She said the pain produced by them was greatest at the time of abstracting them, and a little afterwards; by next morning she was clear of pain, the tumefaction entirely subsided in a few days, and she resumed her usual domestic business. Thus was the affection removed in a few days, by the insertion of four needles, which had been under treatment for seven weeks.

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JACKSON'S *American Practice of Medicine*.—We are happy to announce that this work is actually in the press, and its publication may be confidently expected during the winter.

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HATIN'S *Compendium of Operative Midwifery*. Mr. CHARLES S. FRANCIS has recently published a translation, by Dr. TUTE, of the above useful little work.

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*Works preparing for Publication*.—ARNOTT'S *Elements of Physics*—CAZENAVE and SCHEDEL'S *Practical Treatise on Diseases of the Skin*, translated, with notes.